



CAESAREAN SCAR PREGNANCY IN DISGUISE - A CASE REPORT

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OBJECTIVE

The case report is on a patient who presented to the Emergency Gynaecology unit of a well equipped tertiary level private hospital in Kuwait with a missed miscarriage at 10 weeks gestation where the low lying gestational sac was actually due to it being a Caesarean Scar Pregnancy (CSP).

CASE REPORT

Day 0

First presentation

30-year-old G5P3+1 lady, X with a history of 3 caesarean sections (CS) One-month history of vaginal bleeding at 10 weeks gestation
Impression on transabdominal (TA) and transvaginal (TV) ultrasound (US): missed miscarriage with subchorionic haematoma extending to the cervix
X opted for conservative management - reassured and discharged

Day 4

Second Presentation and Admission

Re-presentation with increased bleeding; gestational sac or its contents not passed
Medical management: Oxytocin infusion

12 hrs later

Diagnosis and Management

No response to Oxytocin
TA and TV US in this instance showed persistent fixed position intracervical gestational sac which raised concerns of cervical ectopic pregnancy or a CSP.
Diagnosis of CSP was confirmed on hysteroscopy
Surgical Management: hysteroscopic resection and suction evacuation
Unremarkable postoperative course and full recovery

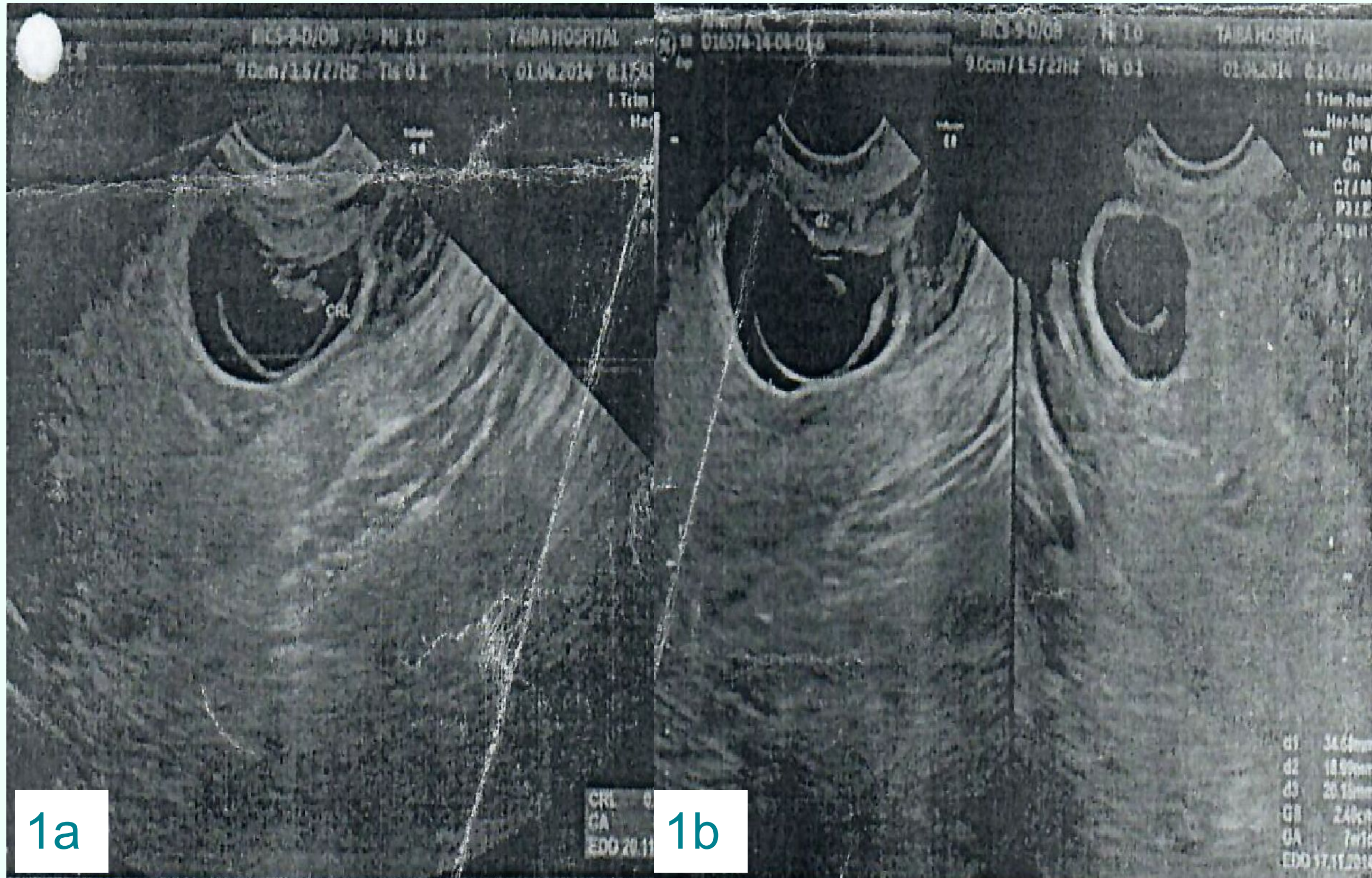


Image 1 a, b: Day 0 TA/TV US which was diagnosed as missed miscarriage with subchorionic haematoma extending to the cervix

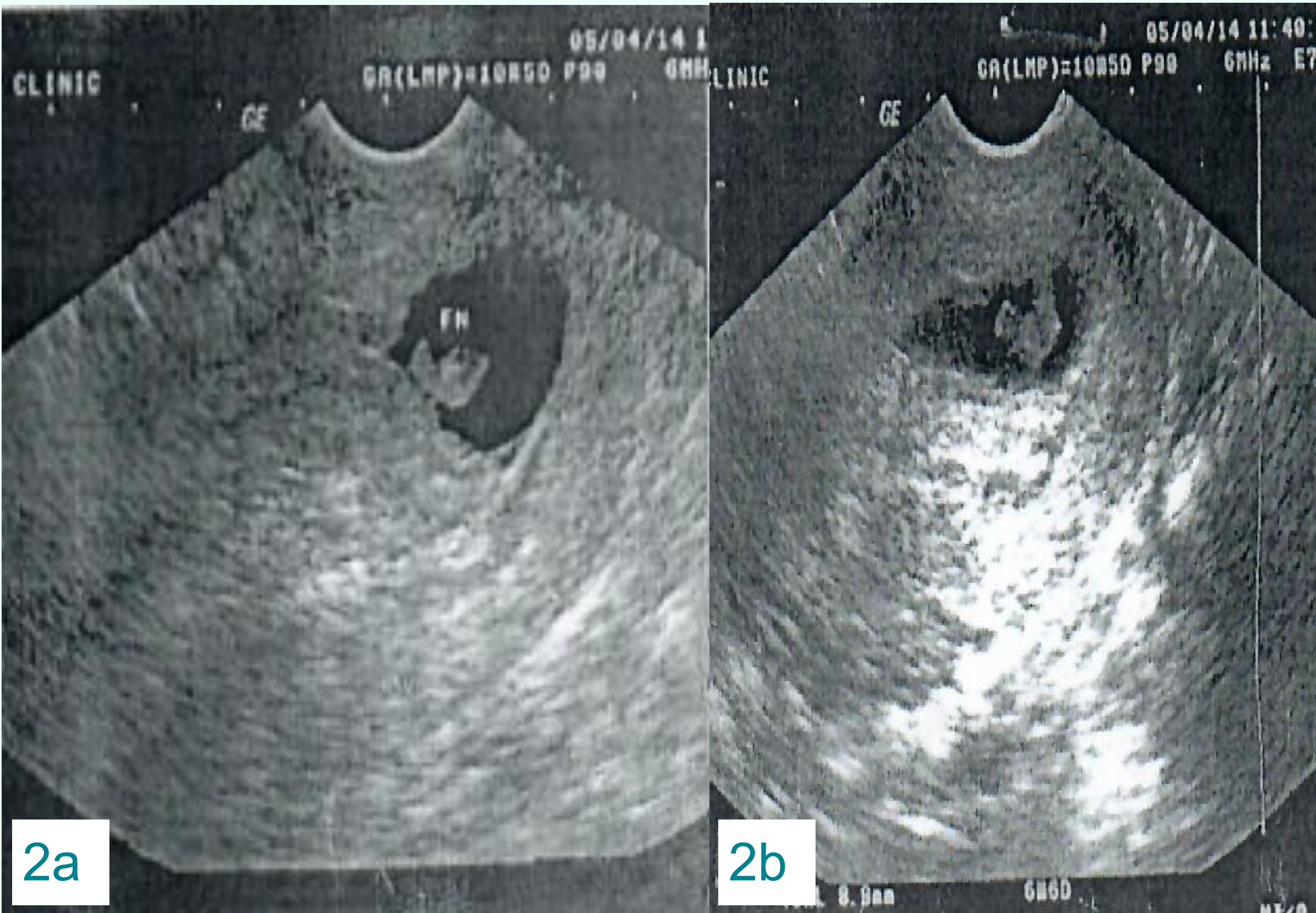


Image 2 a, b: Day 4 TA/TV US after 12 hours of oxytocin which was suspected to be cervical ectopic pregnancy vs unexplained unprogressed abortion

DISCUSSION

CSPs are increasing in incidence given the increase in the number of caesarean deliveries^[1]. The definition of CSP is ‘implantation into the myometrial defect occurring at the site of the previous uterine incision^[2]’. The diagnosis is usually incidental on TV US, which is also the best modality for diagnostic imaging. In the first trimester, a nonviable CSP can be managed conservatively but this can take months to resolve spontaneously and is associated with the risk of development of uterine arteriovenous malformation (AVM)^[1,2].

CONCLUSIONS

Early detection of CSP is vital in management without further complications at any stage of gestation. Since this is a still-evolving field of knowledge, a high index of suspicion in women with a history of previous CS is key.

REFERENCES

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2. Elson, CJ, Salim, R, Potdar, N, Chetty, M, Ross, JA, Kirk, EJ on behalf of the Royal College of Obstetricians and Gynaecologists. Diagnosis and management of ectopic pregnancy. BJOG 2016;. 123: e15– e55.