

MANAGEMENT OF CAESAREAN SCAR PREGNANCY WITH HYSTEROSCOPIC SHAVER

Dr Anupama Sethi Arora, Dr Manaswita Samanta, Dr Varnika Garg, Dr Pulkit Arora

INTRODUCTION

Caesarean Scar pregnancy (CSP) is defined as the implantation of a gestational sac within the scar of a previous surgery. CSP is a rare form of ectopic pregnancy, however because of the increased in caesarean deliveries it has become increasingly common over the last decades.

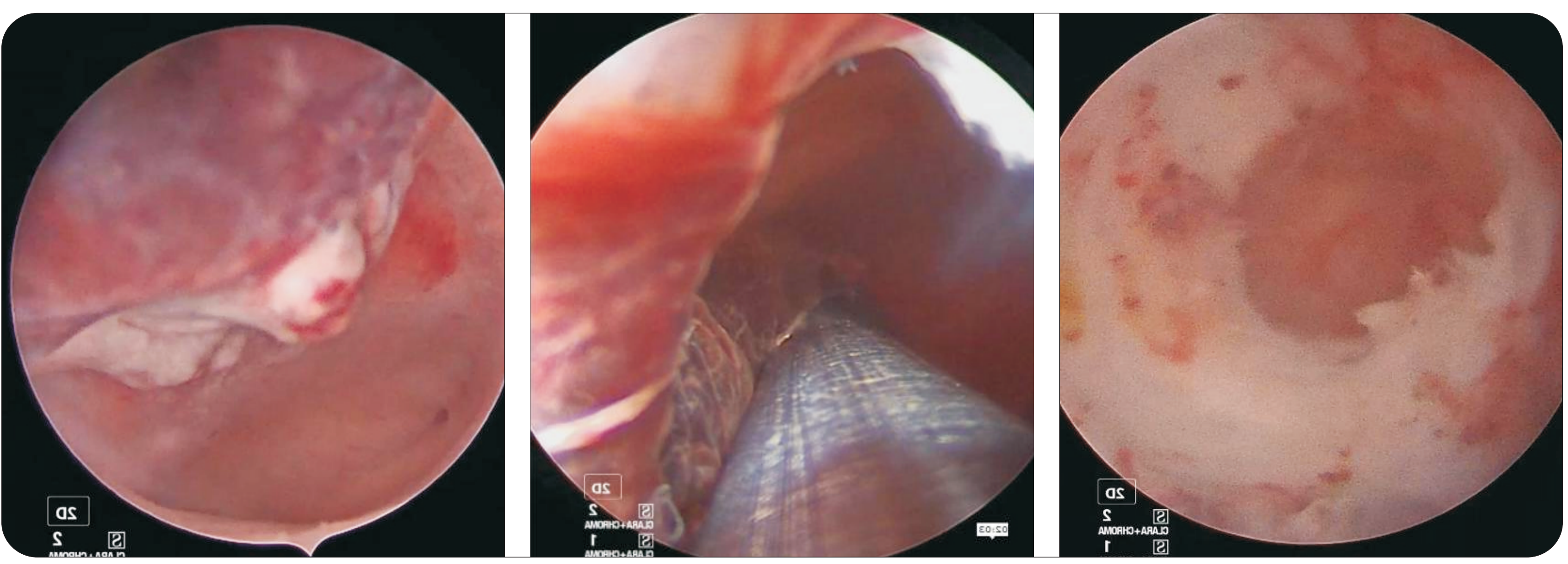
Removal of Scar ectopic pregnancy (Endogenous) through hysteroscopy vaginal morcellator bigatti shaver is an innovative approach that we have done on 10 cases in our tertiary care hospital at sonapat, Haryana. All patients had complete recovery with Beta hCG level came down to normal after 4 weeks of postoperative days.

OBJECTIVE

The purpose of this study is to present this newer technique of treating 10 patients of scar ectopic pregnancy by bigatti shaver over a period of 1 year (2020 - 2021) and sharing our experience over those cases.

DESIGN

Newer technique using hysteroscopic shaver



Method:

Out of 10 cases 7 patients presented to our OPD within 5-7 weeks of pregnancy with lower abdominal pain & bleeding per vagina & 3 other cases were referred as scar ectopic pregnancy to our institute.

SELECTION CRITERIA

The majority of the patients were in the reproductive age group between 28-35 years who have completed their family planning. All of them have completed their family with no further desires for future pregnancy.

Exclusion criteria

- 1. Those who desire of future pregnancy.
- 2. Pregnancy size more than 7 weeks.
- 3. RMT less than 4mm.

Methodology

7 cases out of 10 have presented to our OPD with complains of lower abdominal pain & irregular bleeding per vagina. 3 of them presented with only lower abdominal pain with no bleeding per vagina

6 cases had previous more than 2 LSCS. 4 cases had previous 1 LSCS and other vaginal deliveries.

All of them were subjected for Ultrasonography which confirms the diagnosis of ectopic pregnancy along with Beta hCG estimation in view of further follow up of those cases postoperatively with serial Beta hCG monitoring. Informed consent was obtained from all of them before they posted for OT.

After complete pre OP investigation done, they were posted for surgical removal of CSP by bigatti shaver through hysteroscopic approach under GA.

Results

10 cases of scar ectopic pregnancy were done by hysteroscopic morcellator under the general anesthesia in our institute.

- 1. Average operative time was between 10 - 12 minutes.
- 2. The size of scar ectopic pregnancies removed were between 5 - 7 weeks.
- 3. The procedure required shorter learning curve than laparoscopic approach.
- 4. Intra operative complication like excessive bleeding, perforation or fluid overload were not noted in any of the cases.
- 5. Uterine artery ligation was done in 4 of the cases but there was no major difference noted among the cases where uterine artery ligation was not done.
- 6. Post operative stay was shorter.
- 7. Faster recovery period. 8 out of 10 patients were discharged after 24 hours and only 2 of them had delayed discharge after 48 hours due to pain.
- 8. Post operative infection and secondary hemorrhage were not noted in any of the cases.
- 9. There were no Intra uterine adhesions and no adverse sequelae noted in any cases.
- 10. Beta HCG came down to normal 4 weeks post procedure.
- 11. There was no need for second look operative hysteroscopy and post operative USG confirmed complete removal of ectopic pregnancy in all of the cases.

Discussion

Optimal management of scar ectopic pregnancy necessitates complete removal of ectopic tissue from the scar site. This is important as failure to do so is associated with significant complication like sepsis, Hemorrhage, Uterine and cervical trauma, need for repeat procedure. Any method used to remove the scar ectopic pregnancy associated with the aforementioned complications. However this risks have been found to be significantly lower among patients under going removal of scar ectopic by hysteroscopic shaver. All though very few cases have been reported in literature on hysteroscopic shaver for the removal of scar ectopic pregnancy, our study on 10 cases of scar pregnancy done by hysteroscopic morcellator concluded that hysteroscopic shaver (Bigatti Shaver) was associated with

- 1) Higher operative success rate and shorter operative time.
- 2) Lesser complications like Hemorrhage , Secondary infection and need for repeat procedure.
- 3) Complete removal achieved whilst simultaneously maintaining endomyometrial integrity as only mechanical energy utilized by bigatti shaver
- 4) Shorter learning curved as 7 of our cases have been done by senior consultant and 3 cases done by trainees. There was no significant difference in the outcome.

CONCLUSION

In view of it's benefits which include sustained intraoperative visibility, lesser operative time, Shorter learning curve, lesser complication and almost complete definitive removal of the pathology, we advocate use of hysteroscopic shaver in the management of caesarean scar pregnancy who does not have future desirability of pregnancy. It's however ideal that prospective studies of larger population need to be conducted to address these issues specifically addressing to cost, comparison to other existing morcellation system as intrauterine bigatti shaver is a newly introduced device in hysteroscopic morcellation in the management of caesarean scar pregnancy.