

Diagnosis and management of retained products of conception in caesarean scar niche

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Objective

To illustrate one approach of diagnosing and managing a late complication of caesarean scar pregnancy (CSP). Retained products of conception in the niche of a previous caesarean scar was diagnosed by ultrasound scan (USS) and doppler and managed laparoscopically utilizing advanced techniques in minimally invasive surgery.

Case report

29-year-old, Gravida 2, Para1. Previous one lower segment Caesarean section. At dating USS, an intrauterine pregnancy of uncertain viability was diagnosed and a fetal pole measuring CRL 5.4mm with no fetal heart action. A diagnosis of a delayed miscarriage was made on scan 7 days later. Expectant management was chosen initially but she became symptomatic with heavy vaginal bleeding and abdominal pain. Follow-up USS revealed Retained Products of Conception (RPOC) measuring 25x29x31mm within the caesarean scar niche (**Fig. 1**).

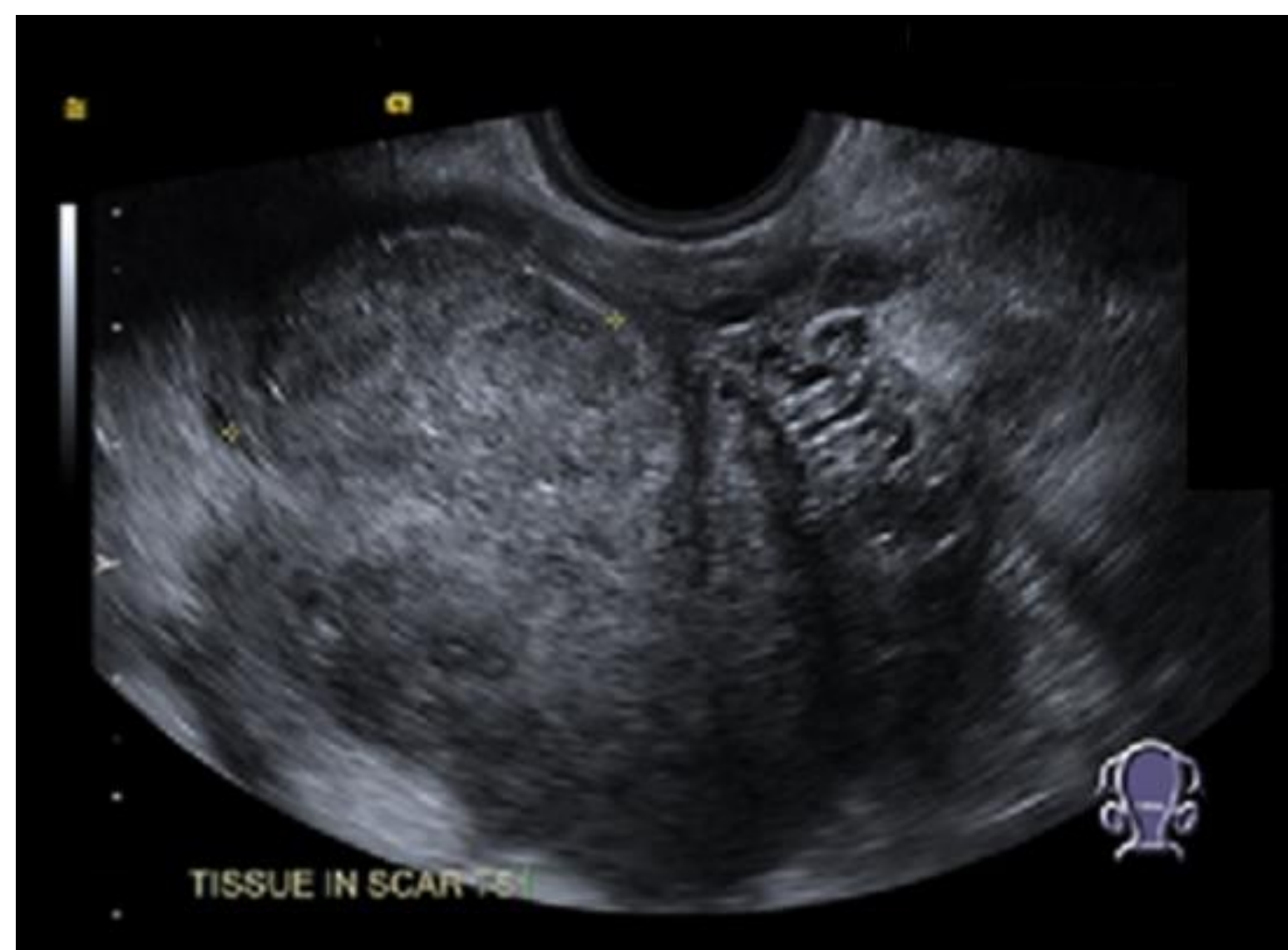


Fig. 1. Tissues in CS scar, TS

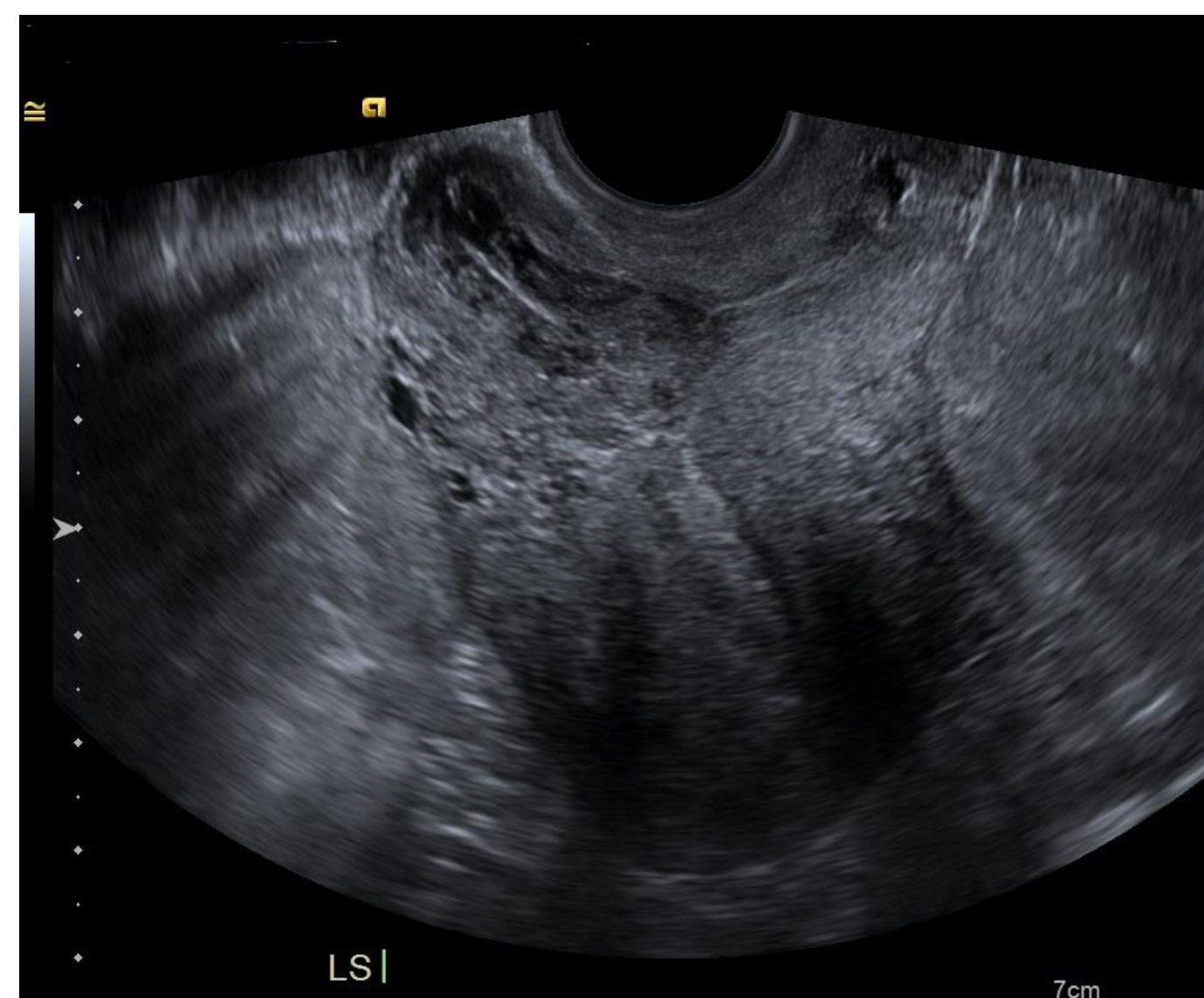


Fig 2. RPOCs in CS scar, LS

After the initial 2 weeks of conservative management the RPOC appear to progressively herniate anteriorly. Surgical excision was indicated due to patient symptoms and concerns about the risk of anterior rupture (**Fig. 2**). At laparoscopy, ectopic RPOC was seen outpouching from the niche and forming a defined dome measuring approximately 3x2 cm. The bladder peritoneum was reflected using an ultrasonic energy device. 20 IU of Argipressin in 80 ml of normal saline injected around the dome. The dome was incised, and the retained products were carefully extracted (**Fig. 3**).

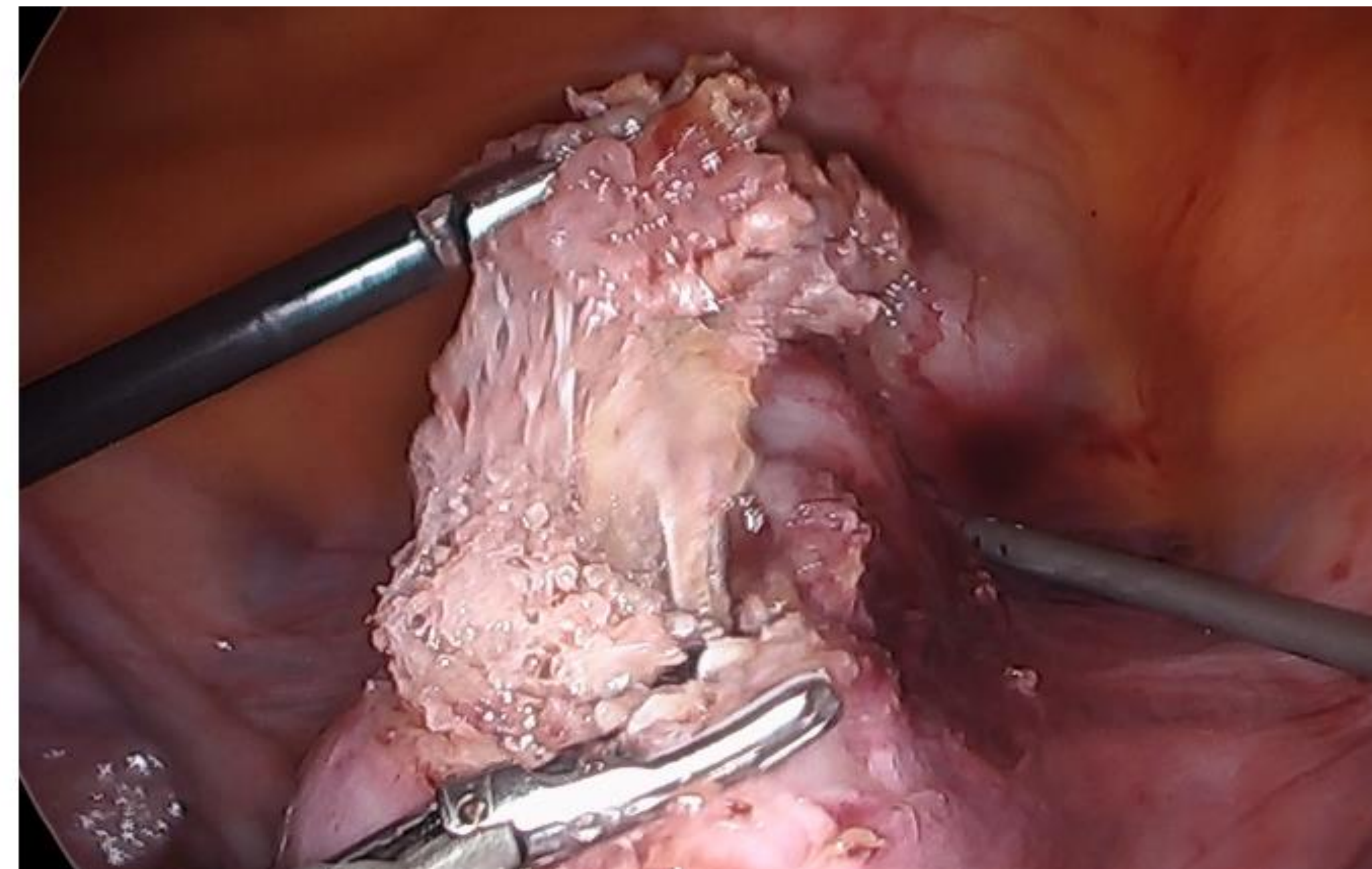


Fig 3. Lapar. extraction of RPOCs

The hysterotomy was closed in 2 continuous layers using vicryl suture. The tissue edges identified under direct vision and delineated using the uterine manipulator (**Fig 4**). The patient made an uneventful recovery and was discharged home on day one post-operatively.

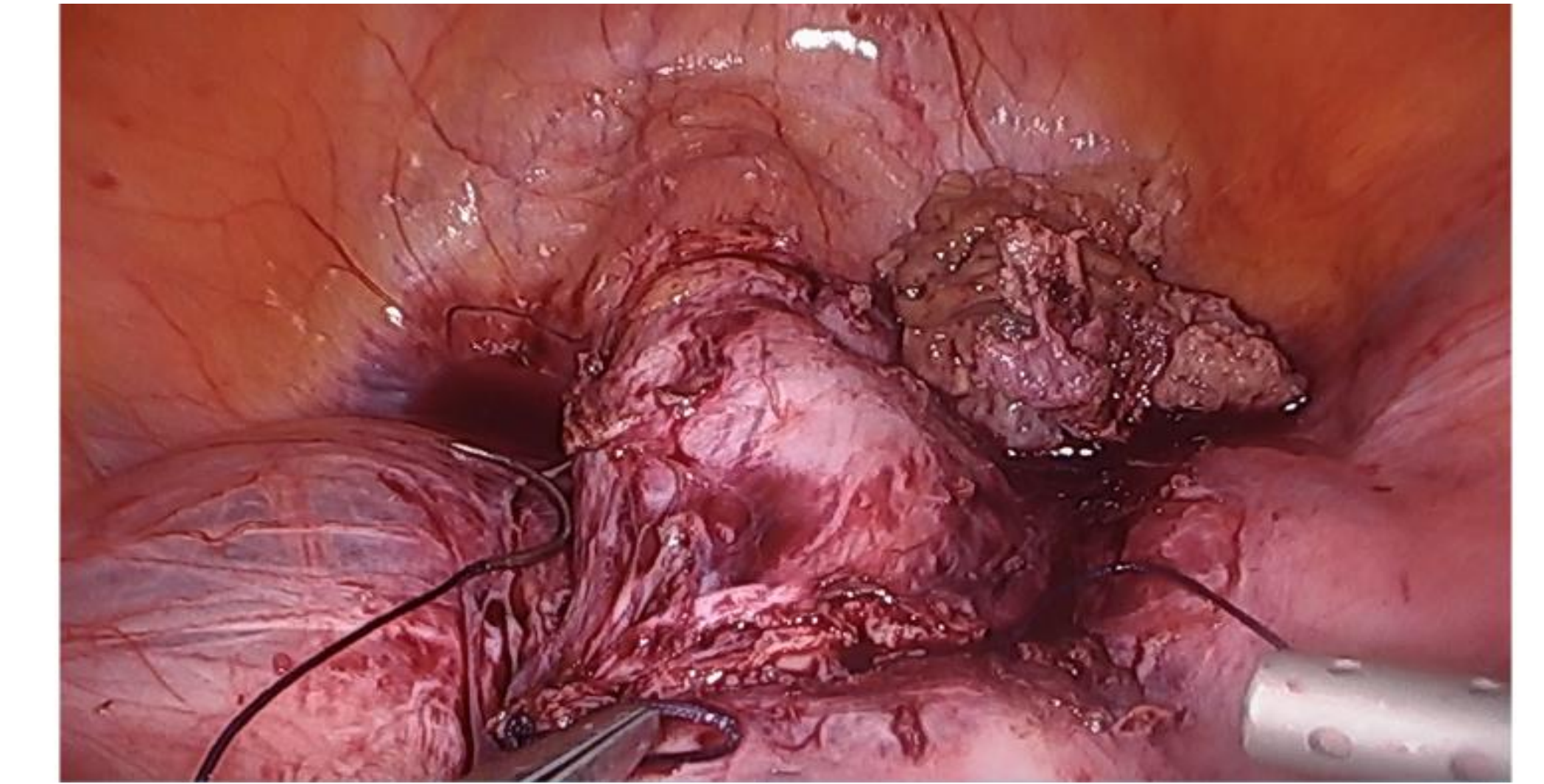


Fig 4. Lapar. suturing of the defect

Discussion

This case demonstrates the challenge of diagnosing a caesarean scar implantation and determining optimal management where retained products are found in the scar niche. While there has been an increasing body of evidence to support the first line management of CSP by suction evacuation, management of RPOC of a CSP is unclear. In addition, this case demonstrates a complication of conservative management with herniation of the retained products within the scar niche and risk of subsequent rupture.

Conclusion

Exophytic RPOC in the niche of CSP can be reliably diagnosed by USS and safely managed laparoscopically. This case could influence our future practice and form a basis for discussion, teaching and training. Furthermore, it provides valuable contribution to the research studies in this field to inform our policies and evidence-based medical practice. This is particularly important with the increasing rate of caesarean deliveries and its late complications.