

Isthamocele; an under diagnosed defect treated by noninvasive treatment

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- **Objective:** Cesarean rates continue to increase all over the world. This has led to a particularly rapid increase in placenta-induced complications. A definition has emerged which is now called the new name Isthamocele, also called cesarean scar defect.
- **Case Discussion:** 28 years old gravies 2 para1 abortion 1 was treated for male factor infertility, conceived with in vitro fertilization and delivered a term baby by Caesarean section. After child birth no contraception used, conceived spontaneously but aborted at 6 weeks, no evacuation done. Patient had intermenstrual bleeding, pain and spotting after menses. Complete history, examination, transvaginal scan performed but no obvious cause found, pt treated with contraceptive pills but was continued to have symptoms. On further follow up 1 cm Isthamocele was suspected, MRI confirmed the same. In MRI myometrium thickness was 5 mm. Since patient wanted to conceive, noninvasive treatment with gonadotropin releasing hormone agonist for 3 months given followed by frozen embryo transfer. Now pt is 27 wks pregnant, till now pregnancy going fine.
- **Conclusion:** Isthamocele is an under diagnosed condition causing pain, intermenstrual bleeding, secondary infertility. Noninvasive treatment is a good modality to avoid invasive surgeries and its complications. The Isthamocele can be repaired during next Caesarean section.

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Fig 1. Hysteroscopic View



Fig 2. Transvaginal USG

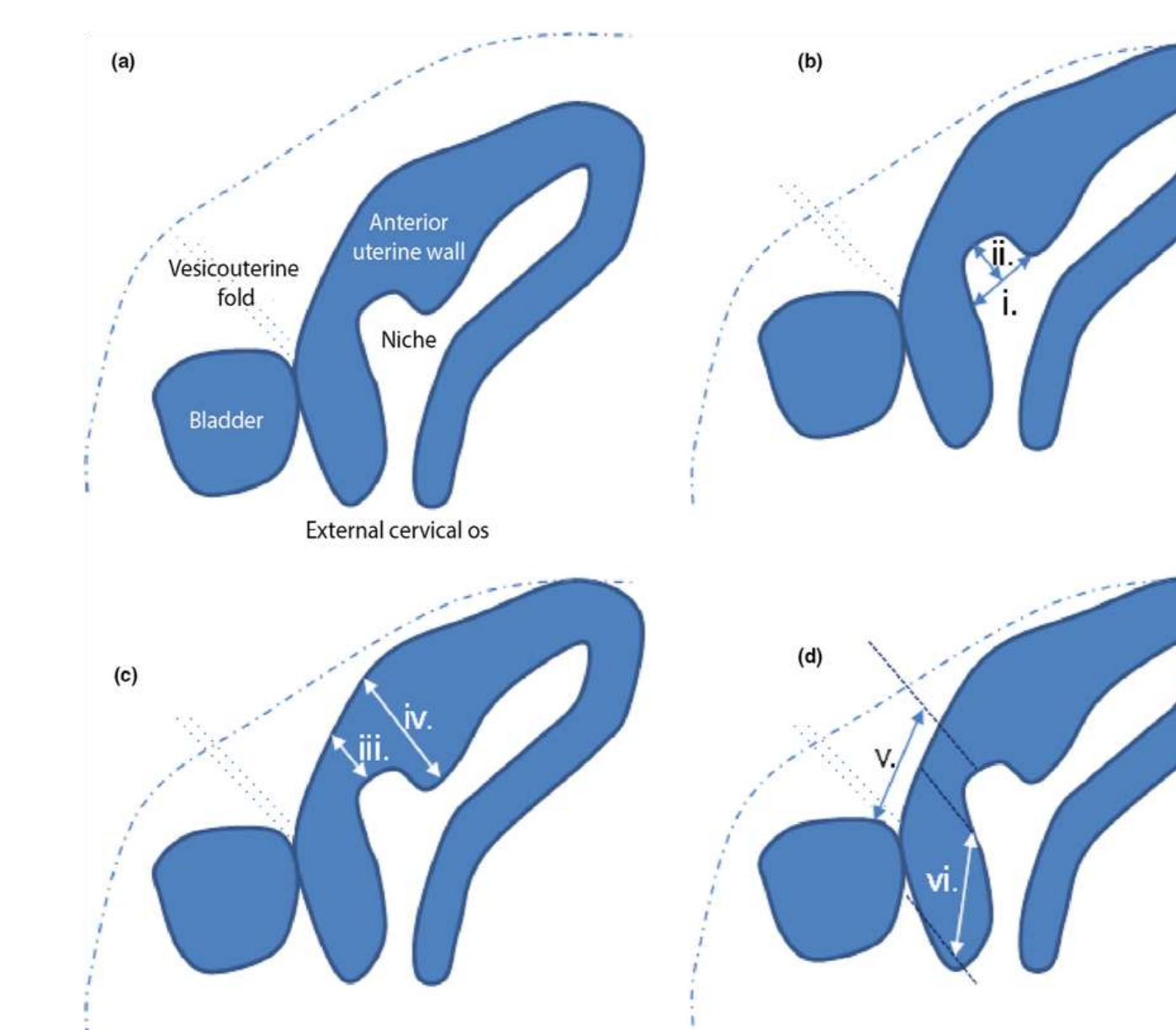


Figure 3. Schematic demonstrating the appearance of the caesarean niche.

- (a) In sagittal view, a sonographic defect of at least 2 mm associated with a residual myometrial thickness of <5 mm defines the presence of a niche on transvaginal ultrasonography.
- (b–d) Essential sonographic measurements including length
- (i.) depth
 - (ii.) RMT
 - (iii.) adjacent myometrial thickness
 - (iv.) niche to vesicouterine fold
 - (v.) and niche to level of external cervical os
 - (vi.) are depicted. If present, branches are treated separately with regard to depth and RMT measurements. RMT = residual myometrial thickness.