



CASE OF SCAR PREGNANCY MISDIAGNOSED FIRST AS INEVITABLE MISCARRIAGE

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OBJECTIVE:

We report a case of scar pregnancy which is first diagnosed as a case of inevitable miscarriage. Scar pregnancy is uncommon but if its diagnoses is missed it can lead to significant morbidity or mortality.

CASE REPORT:

30-year-old, G3, Para 1+1 previous 1 caesarean section came to emergency department as 7 weeks intrauterine pregnancy with bleeding p/v, on speculum examination, OS was open and products seen at upper part of the cervix. On ultrasound no fetal heartbeat was appreciated so she was diagnosed as a case of missed miscarriage presented as inevitable miscarriage. As bleeding was mild so she was admitted in ward and advised stat dose of misoprostol.

But she didn't pass out products of conception, so consultant advised for evacuation of products under general anesthesia. Registrar started evacuation as routine and as soon as the products were pulled with sponge holding forceps, Patient started to have intractable bleeding, consultant on call was called, at first consultant tried to stop the bleeding by compression methods, but failed, so provisional diagnoses of scar pregnancy with scar rupture was made and immediate laparotomy was done and uterine cavity opened and scar pregnancy was removed and homeostasis was made with difficulty. Bilateral uterine artery ligation done and then vertical compression sutures applied on uterus. Abdomen was closed and 2 units of packed RBC'S were transfused.

DISCUSSION:

In this case there is a delay in diagnoses of scar pregnancy as from the beginning on speculum examination OS was open and products seen at upper part of the cervix so misdiagnosed as inevitable. Later on, diagnosed when she was in operation room for evacuation when she started bleeding excessively, as morning time, so consultant was around and the patient was managed properly without any delay.

CONCLUSION:

Scar pregnancy should be considered as a possibility in any cases where pregnancy sac is seen in lower part of uterine cavity on scan with history of previous caesarian section. Correct diagnosis with efficient management can prevent possible complications.