



Caesarean Scar Ectopic Pregnancy : A Management Dilemma !

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BACKGROUND

A Caesarean Scar Ectopic Pregnancy (CSEP) occurs when a pregnancy implants in the scar tissue on the uterus from a previous C-section, rather than the usual uterine lining. CSEP is rare and occurs in approximately one in every 2000 pregnancies of patients who have had a previous caesarean section. If the pregnancy continues, the placenta will become deeply embedded within the scar and in some cases may continue through the scar and grow towards the bladder. This can result in uterine rupture in most severe cases leading to maternal morbidity and mortality. Accurate diagnosis is essential and pelvic ultrasound imaging is the diagnostic tool of choice.

OBJECTIVE

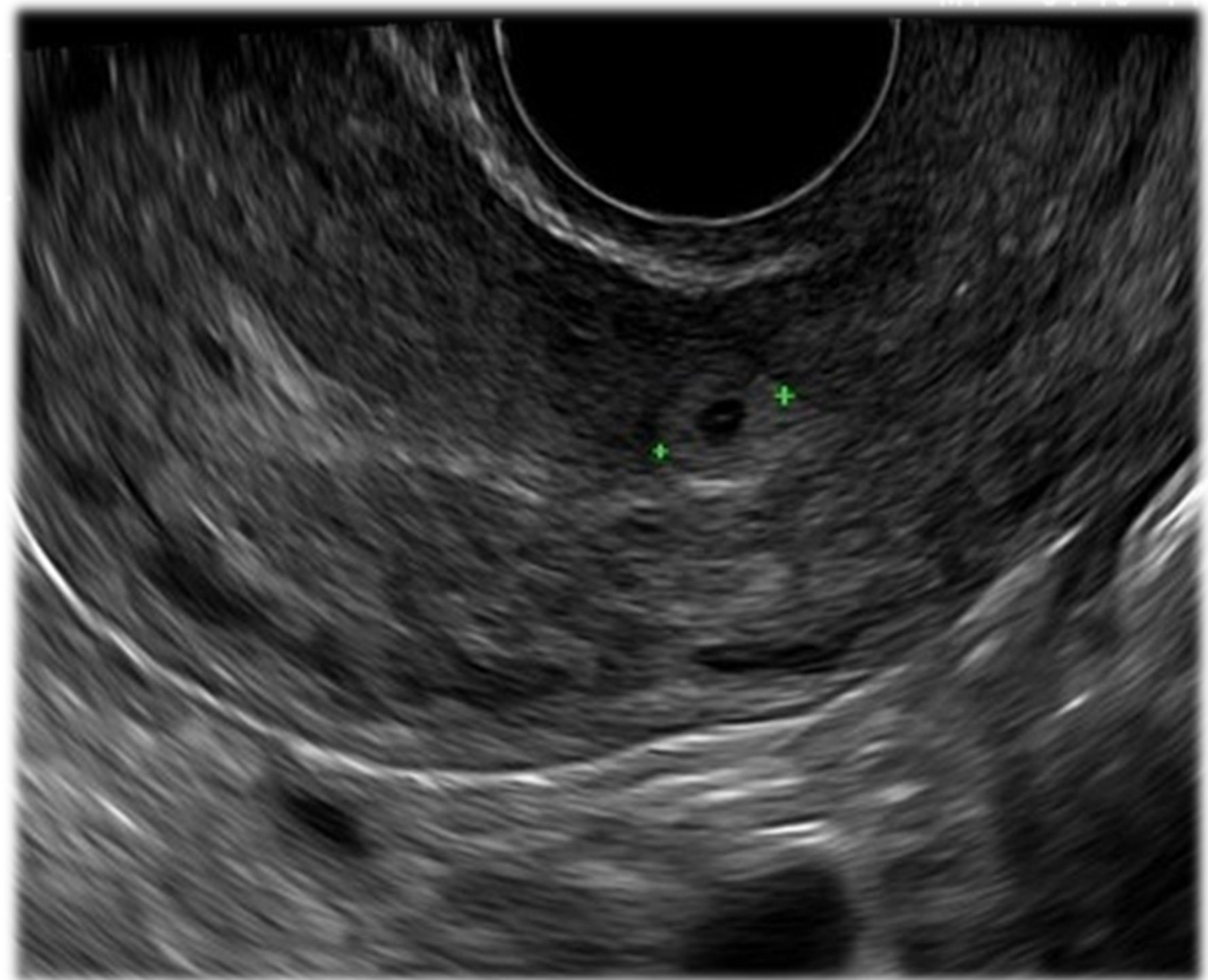
To report the management of a rare case of caesarean scar ectopic pregnancy

CASE PRESENTATION

A para 1 lady with a previous caesarean section presented to emergency department with lower abdominal pain and spotting for the last few hours. She felt pain was getting worse. Examination showed tenderness in the lower abdomen, especially on caesarean section scar. On speculum examination, the cervical os was closed and small amount of blood was present. There was no active bleeding seen. She had an ultrasound scan which indicated a scar ectopic pregnancy. The patient was haemodynamically stable but was in a lot of pain. Her B-HCG was 9115 iu, white cell count, haemoglobin and c reactive protein was normal. The on call consultant contacted the tertiary unit for their input in the management of scar ectopic and as the patient was in severe pain and unfit to be transferred; it was decided to proceed with laparoscopy and +/- proceed and +/- evacuation of retained products of conception. The patient was taken to theatre and the laparoscopy was performed; there was no blood seen in the peritoneal cavity and the uterus looked intact. It was a bulky, pregnant uterus. Gentle suction evacuation was performed vaginally and the gestational sac was removed with suction evacuation. As the patient was bleeding at the time of evacuation, Foley's balloon was inserted to give a tamponade for 12 hours. B-HCG was repeated in 24 hours and it dropped significantly . The patient recovered and was discharged home. She was followed up in the early pregnancy assessment unit with a repeat BHCG after 10 days and there was a clear drop in the bhcg levels and was discharged.

CONCLUSION

Herein, we present a rare pathological phenomenon whose frequency is on the rise, and for which transvaginal ultrasound and flow Doppler provide high diagnostic accuracy. Early diagnosis of cesarean scar ectopic pregnancies offers treatment options that may help avoid uterine rupture and bleeding; thus preserving the uterus and future fertility.



REFERENCES

Morente L , León A, Reina M et al. Cesarean Scar Ectopic Pregnancy-Case Series: Treatment Decision Algorithm and Success with Medical Treatment. Medicina (Kaunas). 2021 Apr 8;57(4):362.