

Concomitant Intrauterine and Cesarean Scar Pregnancy Following ICSI: A Case Report

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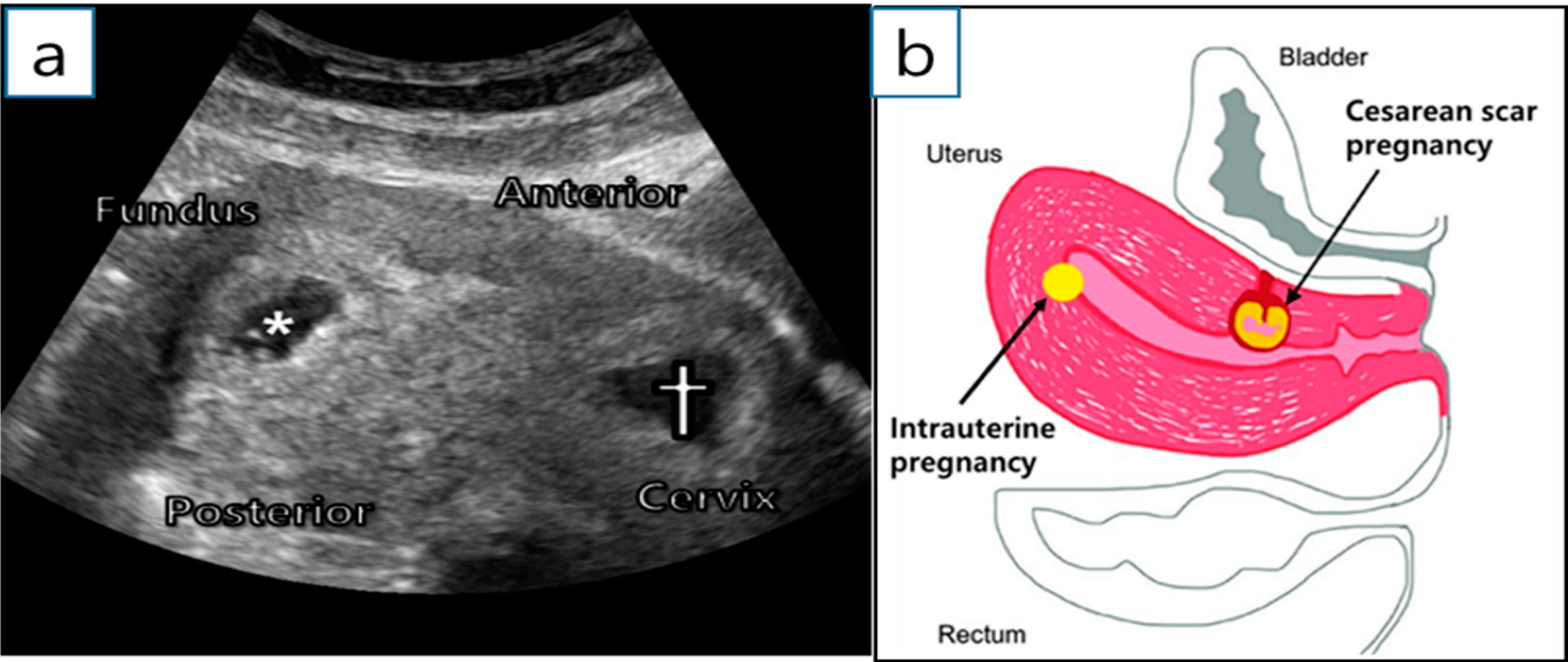
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Introduction

Heterotopic cesarean scar pregnancy (HCSP) is a rare cesarean scar pregnancy (CSP) combined with an intrauterine pregnancy (IUP), and is accompanied by life-threatening complications, such as uterine rupture and massive bleeding . the preservation of concurrent IUP and fertility remains a challenge because of the absence of a standard protocol for HCSP management¹. Herein, we present a case of HCSP that was treated to preserve the IUP and the patient’s fertility.

Case Report

We report a case of a 32-year-old woman with secondary infertility of three years due to male factor. She had a prior cesarean delivery and a medical abortion for unexplained hydrops fetalis. The patient underwent one cycle of ICSI with the transfer of two embryos, resulting in a positive pregnancy test. At six weeks of gestation, an ultrasound revealed two gestational sacs: one intrauterine and another implanted at the site of the previous cesarean scar.



Initial examination. (a) Initial transvaginal ultrasound examination at 6+1 GW. intrauterine gestational sac; † CSP. (b) Description of sagittal plane.⁴

Description

At three weeks post-embryo transfer, ultrasound confirmed both intrauterine and cesarean scar pregnancies. Both pregnancies demonstrated cardiac activity. The myometrium between the bladder wall and the gestational sac measured 4 mm in thickness, suggesting a reduced risk of uterine rupture. The patient opted to continue the pregnancy

Management

The scar pregnancy was managed conservatively through close monitoring until 10 weeks of gestation, with plans for fetal reduction at this stage. However, at nine weeks, the patient experienced vaginal bleeding, and subsequent imaging showed a large hematoma surrounding the scar pregnancy. Due to the risk of uncontrollable bleeding, she was hospitalized and closely monitored by a multidisciplinary team prepared for surgical intervention if needed. The bleeding resolved, and trans-abdominal intrathoracic fetal reduction of the scar pregnancy was performed at 11 weeks under ultrasound guidance using an injection of potassium chloride (KCl). The procedure was successful, and no further complications occurred.

Outcome

- Her pregnancy is being monitored closely until she reached 38 weeks.
- A full-term healthy baby was delivered to life by elective cs with no complications.

Discussion

- Heterotopic cesarean scar pregnancy (HCSP) is a rare condition that occurs in approximately 1 in 30,000 natural conceptions; its prevalence is higher among individuals undergoing assisted reproductive techniques² .
- Transvaginal ultrasound plays a key role in detecting abnormal implantation and assessing associated risks. Careful monitoring is essential for ART patients with a history of uterine surgery².
- To date, only 23 cases of HCSP have been documented in the English literature⁴.
- The reported treatment options include conservative management, fetal reduction using potassium chloride, laparoscopic excision, aspiration of the embryonic or ectopic gestational sac, hysteroscopy with directed evacuation, injection of a mixture of methotrexate (MTX) and potassium chloride, and laparotomic excision³.

Conclusion

Concomitant intrauterine and cesarean scar pregnancy is a rare and high-risk condition that requires prompt diagnosis and tailored management³. A significant challenge in managing this condition is the need to preserve the concurrent intrauterine pregnancy, which complicates treatment and differs from the management of a cesarean scar pregnancy alone. Effective collaboration among healthcare professionals and careful planning are essential to optimize outcomes for both the mother and the fetus.+

References

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Acknowledgment

Many thanks to dr.Mohammed Toum who performed the CS to our patient.