

Management of a cesarean section scar niche ectopic

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Patient Background

- 40-year-old, BMI 22
- G4P1
 - 1 x Medical Termination Of Pregnancy at 22/40 for foetal abnormality
 - 1 x Early Miscarriage - surgically managed
 - 1 x Cesarean section
- Past Medical History: Sjogren’s syndrome
- Drug History: Hydroxychloroquine

Early Pregnancy Unit Presentation

- Attended with PV bleeding and abdominal pain at approximately 5/40 pregnancy
- Had a TV US showing pregnancy at cesarean section scar site; Gestational Sac 4.8 x 3.7 x 5.1mm, Mean Sac Diameter 4.5mm, CRL 2.7mm, foetal heart rate seen
- Repeat TV US 3 days later as per patient’s wishes – same findings (Figure 1)
- Risks of continuing pregnancy discussed

Treatment

- Underwent ultrasound guided surgical evacuation of products of conception with less than 30ml blood loss
- Discharged home same day as procedure

Follow-up

- TV US repeated 6 weeks after procedure mid-cycle to measure cesarean section scar
- Myometrial scar thickness 3.2mm, niche measurement 4.9mm x 4mm (Figure 2)
- As scar thickness >3mm, decision not for scar repair surgery

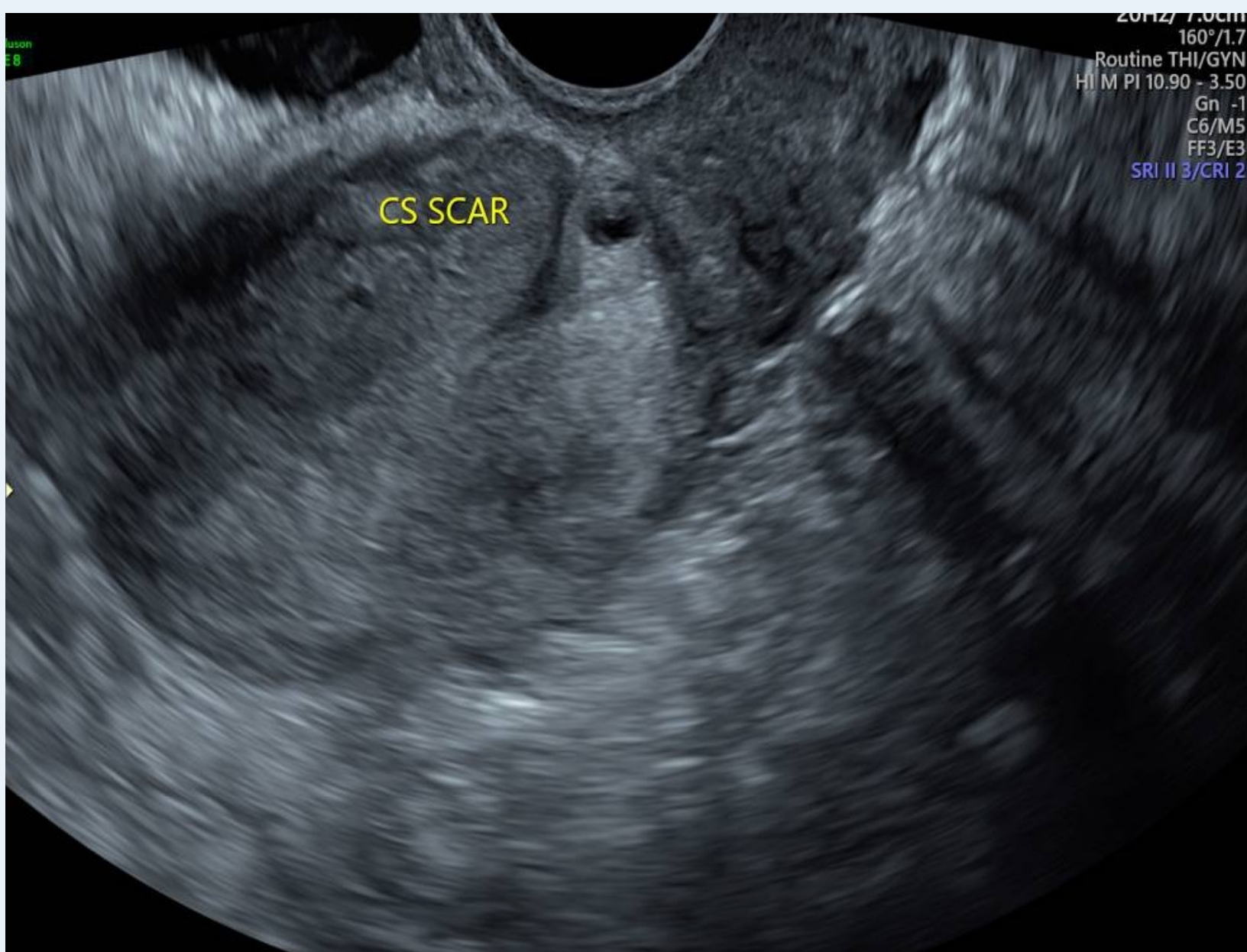


Figure 1. TV US pre-op: Pregnancy located at caesarean section scar site

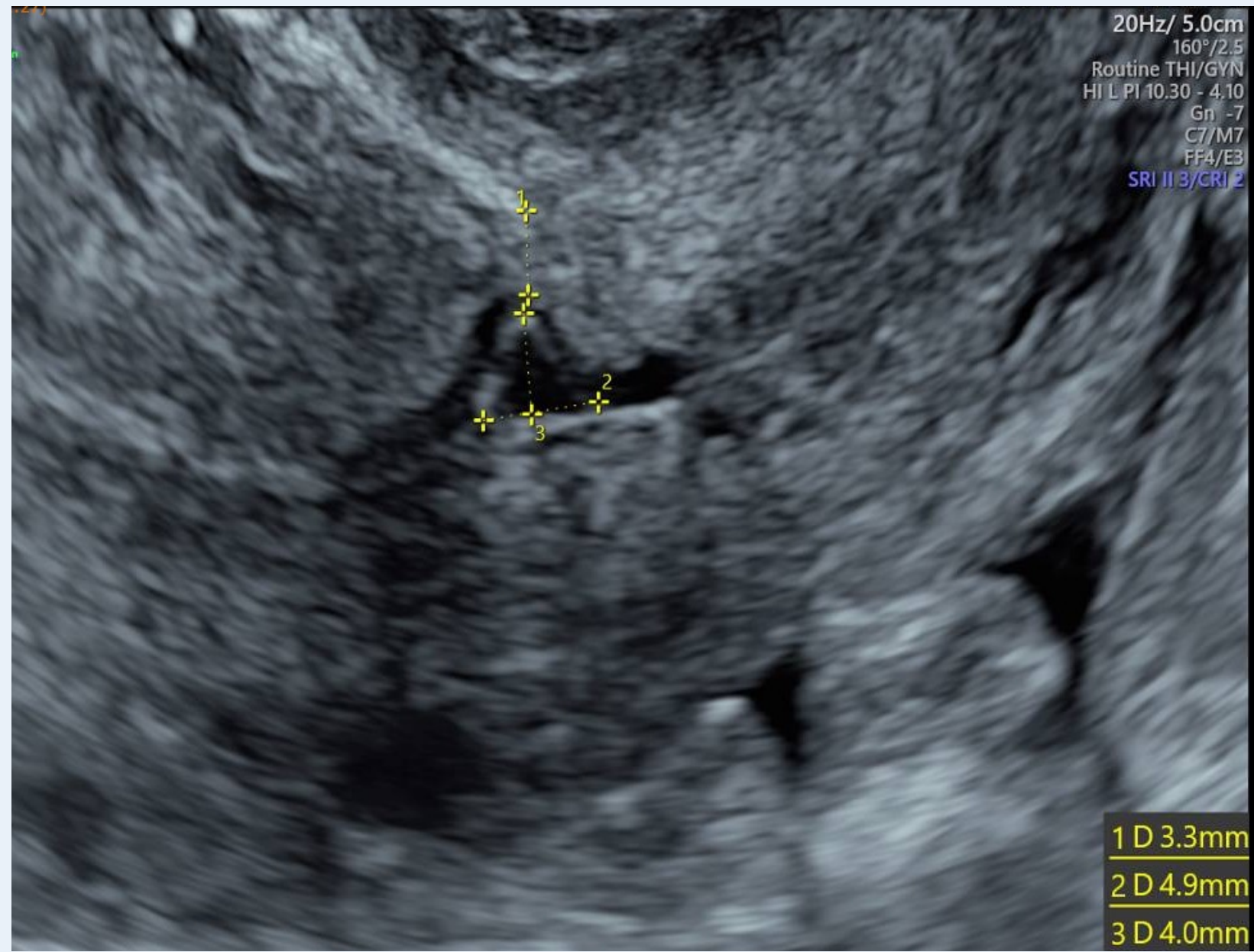


Figure 2. TV US post-op: Measurements of caesarean section scar

Discussion

- Cesarean niche can be defined as ‘indentation at the site of a cesarean section with depth of at least 2mm’ diagnosed on US¹
- Osse² et al found a 61% scar defect 6-9 months post-op.
- Unclear cause, hypothesis include method of uterine closure and cervical tissue incision¹
- Symptoms include postmenstrual spotting, secondary infertility and pain¹
- No current agreed management guidelines Treatment options depending on myometrium thickness range from hormonal to surgery including hysteroscopic resection, laparoscopic repair and vaginal repair¹
- Further studies are required to develop an evidence-based approach in managing cesarean section scar ectopic pregnancies.

References

¹Brook AJ, Clarke FR, Bhatia K. Gynaecological morbidity associated with caesarean niche: increasing awareness, prevention and management. The Obstetrician & Gynaecologist 2020;22:122–30.
<https://doi.org/10.1111/tog.12642>

²Vikhareva Osse² O, Jokubkiene L, Valentin L. High prevalence of defects in Cesarean section scars at transvaginal ultrasound examination. Ultrasound Obstet Gynecol 2009;34:90–7.