



LAPAROSCOPIC RESECTION OF PERSISTENT TROPHOBLASTIC TISSUE DEVELOPED OVER PREVIOUS CESAREAN SECTION SCAR

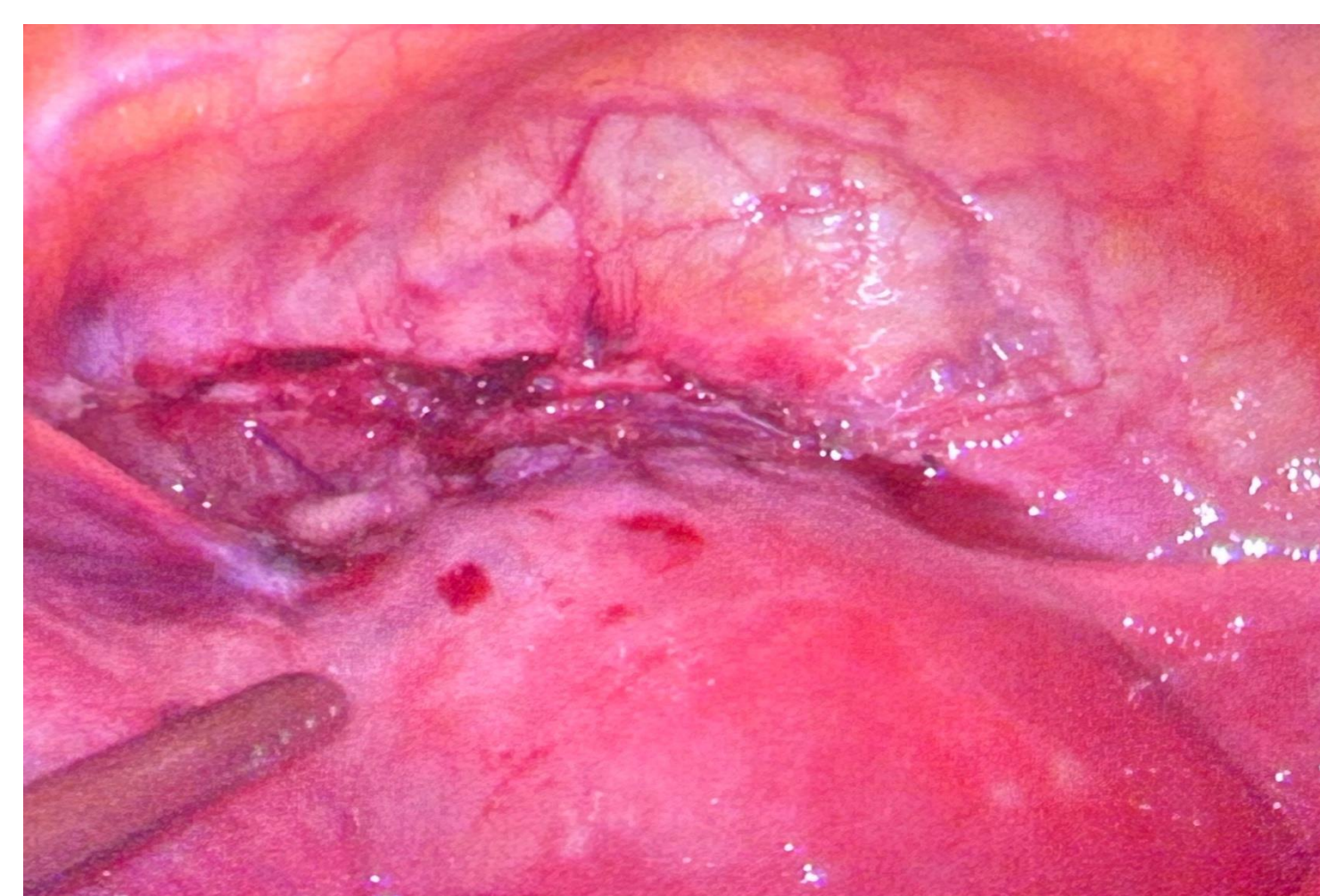
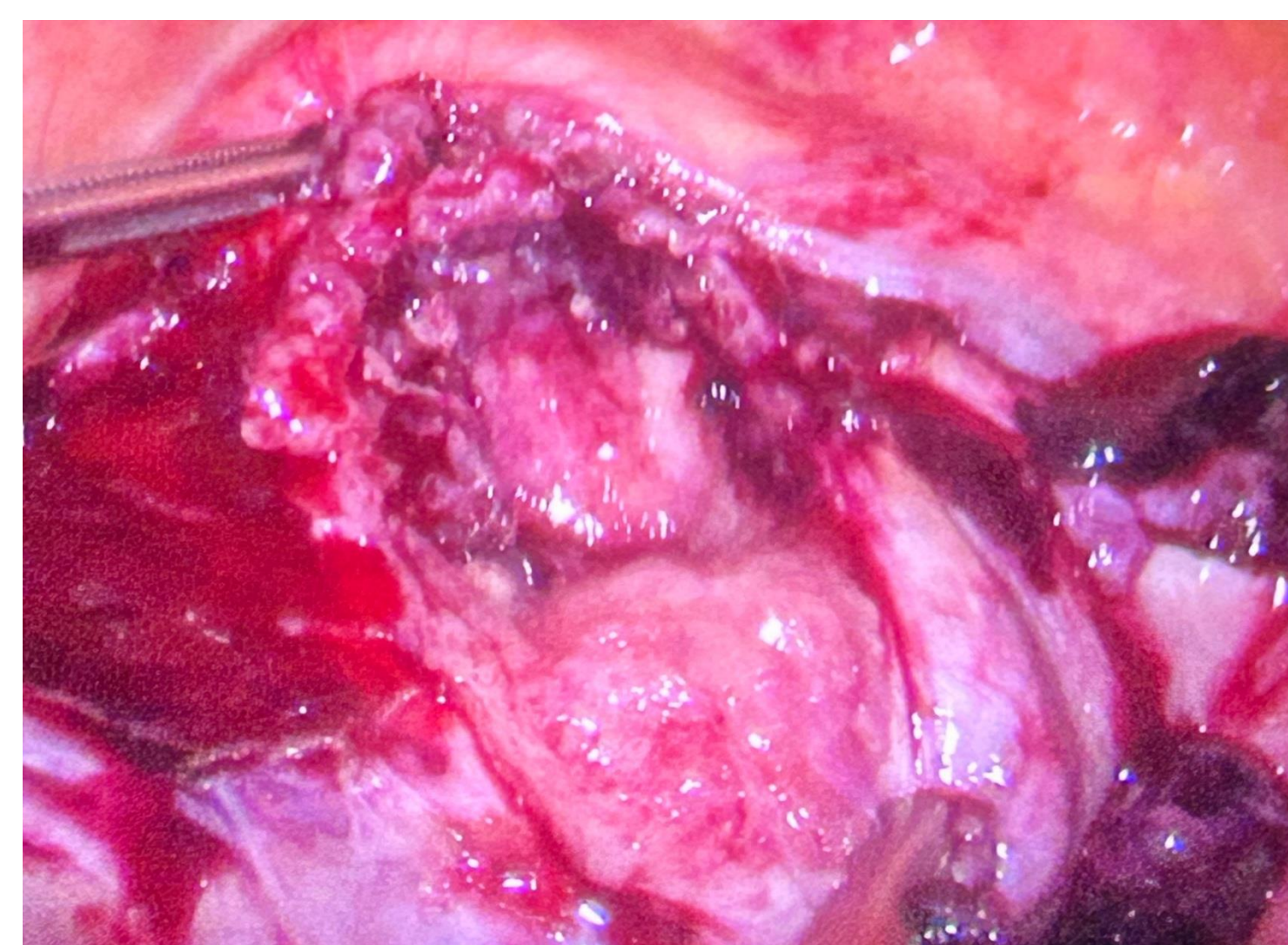
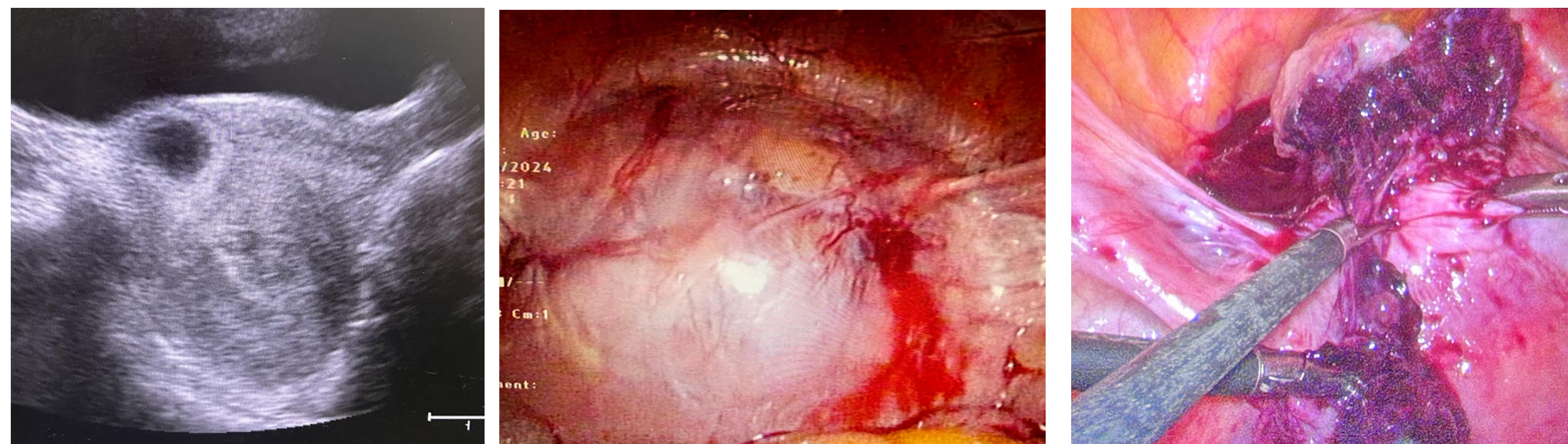
S Gnanarathne¹, MMH Dissanayake², DSN Sarathchandra², K Jatheeswaran²

¹Department of Obstetrics and Gynaecology, Faculty of Medicine, University of Peradeniya.

²Professorial Unit of Obstetrics & Gynaecology, Teaching Hospital Peradeniya

Introduction

- Persistent trophoblastic tissue is a rare complication with a prevalence of 1 in 1000 pregnancies and known as gestational trophoblastic disease or neoplasia. In which abnormal trophoblastic proliferation involving both benign and malignant entities, carrying a wide spectrum of diseases involving choriocarcinoma to benign trophoblastic disease



Department Of Pathology
Faculty of Medicine
University of Peradeniya

Telephone : +94812396688 Fax : +94812389106

2024-08-07

Patient Name : Ms. Ruwini Madushika
Sex : Female Age : 39 Years, Ward : 03
Hospital : THP BHT : 46164 Lab No: 24TH@2782
Referring Clinician:
Your Reference No:
Specimen:
Retained products of conception.

Macroscopy:
Bulky curetings.

Microscopy:
Sections show immature chorionic villi with hydropic changes and trophoblastic cells. There are degenerating decidua infiltrated by neutrophils. Trophoblastic proliferation is not seen.

Conclusion:
Appearances are compatible with those of retained products of gestation.

Prof. Salochana Wijetunge (MBBS, D.path, MD)
Consultant Histopathologist
Department of Pathology, Peradeniya

Dr. M.M. Sahlah
Registrar

Case report

- A 34-year-old, second-para mother with past section undergone an evacuation of retained products due to failed medical management of missed miscarriage.
- 2 weeks later she developed vaginal bleeding and ultrasound scan revealed retained trophoblastic tissue with serum beta hCG (s.β-hCG) level of 34000mIU/ml.
- Thus, she has again undergone suction evacuation and s.β-hCG level has reduced to 18000mIU/ml in 48 hours.
- 4 weeks later she again presented with vaginal bleeding and ultrasound scan revealed a mass of trophoblastic tissue over the previous cesarean scar, measuring 4x3cm size with thin myometrium over the scar site.
- Serial s.β-hCG levels were reduced from 6300mIU/ml to 2500mIU/ml over 48 hours. Due to risk of rupture and internal bleeding, as trophoblastic tissue invaded thought the previous caesarean scar, it was planned to excise laparoscopically.
- During laparoscopic evaluation, a polypoidal mass of trophoblastic tissue extending outside the utero-vesicle peritoneum with a thinned lower uterine segment over the previous caesarean scar was identified.
- The trophoblastic tissue mass was carefully resected after infiltrating vasopressin. The bladder was mobilized.
- The edges of the uterine incision were laparoscopically repaired with the guidance of a uterine manipulator.
- Trophoblastic tissue was completely retrieved and sent for histology. Peritoneal cavity was washed thoroughly with warm saline.
- Further she was followed up with serial s.β-hCG levels and histology.

Discussion

- Methotrexate or combined chemotherapy and surgical management with suction evacuation or hysterectomy are the available treatment options for the persistent trophoblastic disease.
- There is limited evidence available on literature regarding Laparoscopic resection and uterine reconstruction for persistent trophoblastic tissue over previous uterine scar, which requires very advanced level of laparoscopic expertise.
- Intra-operative bleeding, thermal injuries, recurrence, metastasizing of trophoblastic deposits are the known complications associated with uterine preserving surgery.
- It can be minimized with vasopressin injection, careful bladder mobilization, meticulous resection, complete trophoblastic tissue retrieval, peritoneal washing and correct use of energy devices.
- Followed-up with histology, serial s.β-hCG levels and reliable contraception is mandatory.

Conclusion

- Laparoscopic management of persistent trophoblastic tissue over a uterine incision is an evolving area in modern gynaecology, requiring very advance level of laparoscopic surgical skills, which reduces surgical morbidity and preserves the fertility.

References

- Mahgoub, S., Gabriele, V., Faller, E., Langer, B., Wattiez, A., Lecointre, L. and Akladios, C., 2018. Cesarean scar ectopic pregnancy: Laparoscopic resection and total scar dehiscence repair. *Journal of Minimally Invasive Gynecology*, 25(2), pp.297-298.

Contact Information

Dr Sampath Gnanarathne

ssampath@yahoo.com

0777520088