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Case Report

UTERINE SCAR- A NICHE FOR SURVIVAL

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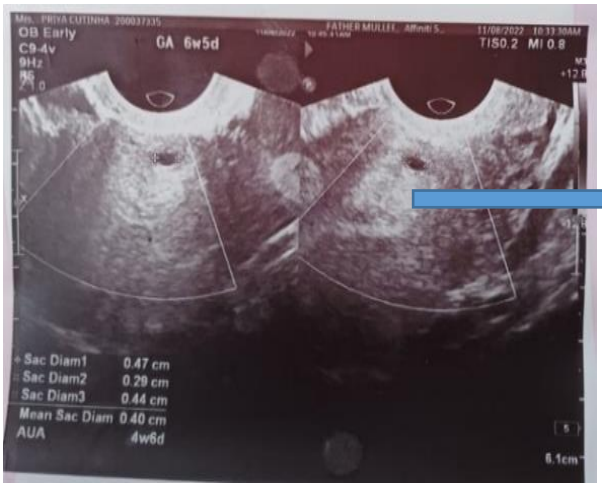
INTRODUCTION:

Caesarean Scar Ectopic pregnancy (CSP) refers to abnormal implantation of embryo within myometrium and the fibrous tissue of the previous scar following caesarean section. Due to the improvement in imaging modalities and their better diagnostic accuracy, CSP are detected earlier and can avert life threatening complications. Any delay in diagnosis or detection of CSP can compromise future fertility and also result in maternal mortality. In literature, expectant management has been reported. However, we have seen that the termination of CSP by laparotomy or hysterotomy, followed by repair of uterine scar is the best treatment option.

CASE REPORT:

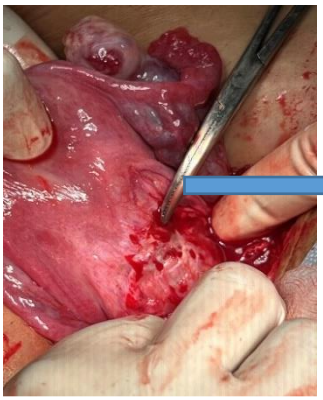
Profile: A 30 year old, Gravida3, para 2, living 2 at 6 weeks +3 days with history of previous 2 LSCS. Presenting complaints: Bleeding per vagina since 1 day. **O/E: Pulse rate:** 100bpm, Blood pressure:110/70 mmHg, temp: 98.6 F. Abdomen examination: soft, tenderness in lower abdomen

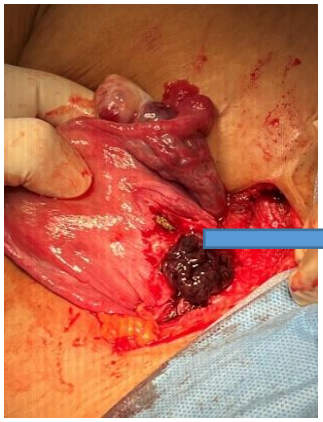
USG abdomen and pelvis: Small well-defined sac like structure with echogenic rim measuring
4.7x 4.4x2.9mm in myometrium in the lower uterine segment- likely scar implantation/scar ectopic



Scar ectopic

Blood Investigations: Hb- 11.5g%, RBS-89mg/dl, serum TSH-1.07uIU/ml
Plan of action: To prevent impending scar rupture.
Potential complications: massive hemorrhage, uterine rupture and DIC Procedure- Emergency laparotomy Intra-op findings- 2x4cm lesion in lower part of uterus, Impending scar rupture with thinning of uterine myometrium.
Final procedure: evacuation of scar pregnancy with uterine suturing and repair Post-operative period was uneventful.





DISCUSSION:

The first case of CSP was reported in 1978[1]. The incidence of CS ectopic pregnancy varies from 1:1800 to 2216 pregnancies with rate of 0.15% in women with previous C section and 6.1 % of all ectopic pregnancies[2,3].Two types of scar ectopic pregnancies are identified. Type I is caused by implantation in the prior scar with progression towards the cervicoisthmic space or the uterine cavity. Type II is caused by deep implantation into scar defect with infiltrating growth into the uterine myometrium and to uterine serosal surface. Hence , early and accurate diagnosis is important for effective treatment to prevent these catastrophic complications[4].

Mechanism: defects in the scar in the form of micro tubular tract which develops due to poor healing of the previous trauma caused by caesarean section.

Diagnosis: USG, Doppler imaging ,TVS The treatment approach depends on various factors like gestational age, hemodynamic stability, availability of endoscopic expertise,further fertility and feasibility of serial follow-up by serology and imaging. Medical management: systemic methotrexate , local embryocides or both Surgical management: hysteroscopy, laparoscopy, laparotomy and uterine artery embolization. In this case patient had underwent previous 2 LSCS. She presented with previous caesarean scar ectopic pregnancy impending scar rupture. Hence decision for emergency laparotomy was made. This case highlights successful management of a near miss case of CSP. The risk of

recurrent scar ectopic pregnancy is 3.2-5%[5,6]. Fortunately, the use of first trimester ultrasound imaging has led to a significant number of these pregnancies being diagnosed and managed early.

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