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LIVE CAESAREAN SITE SCAR PREGNANCY: A CASE REPORT

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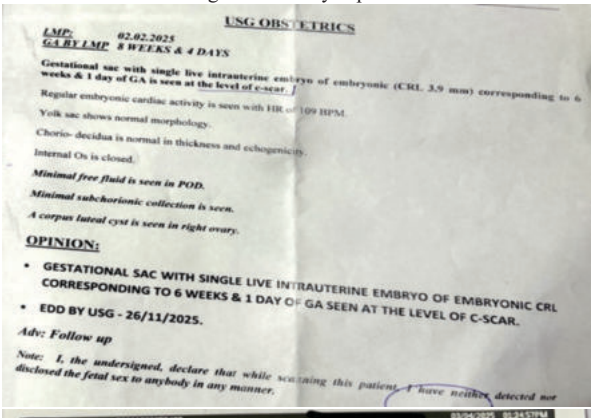
KEYWORDS : cesarean scar pregnancy, ultrasound, suction and evacuation early pregnancy

INTRODUCTION :

Caesarean scar pregnancy (CSP) is a type of ectopic pregnancy where the fertilized egg is implanted in the muscle or fibrous tissue of the scar after a previous caesarean section [1]. The frequency of caesarean scar pregnancy is reported to be 1:1,800 to 1:2,226 (0.05-0.04%) of all pregnancies. In women after a caesarean section, the frequency of CSP is approximately 0.15%, which constitutes 6.1% of all ectopic pregnancies in patients after at least one caesarean operation [2].

CASE:

A 41 yr old female came to opd with h/o amenorrhea of 1&1/2 months. Her UPT was done which came out to be positive. She had h/o previous 2 lower segment caesarean section 13 & 12 yr back. She was known case of type 2 DM and on oral hypoglycemic agent. She was advised for tvs which came out to be single live intra uterine embryo (CRL-3.9mm) of 6 weeks 1 day at the time of previous cesarean scar. Her beta hcg for same day was 4000mIU/ml. All other relevant investigations were sent and found to be within normal limits. Now decision of suction and evacuation was taken and written informed consent regarding same was taken and high risk for emergency hysterectomy if needed was explained. Prior to the procedure 400mcg of misoprostol tab was kept per vaginum and after 4 hr. Patient was taken for USG guided suction and evacuation in OT and patient stood the procedure well. Patient was discharged on 2nd day of procedure.



USG OBSTETRICS

LMP: 02.02.2025
G.A BY LMP 8 WEEKS & 4 DAYS

Gestational sac with single live intrauterine embryo of embryonic (CRL 3.9 mm) corresponding to 6 weeks & 1 day of GA is seen at the level of c-scar.

Regular embryonic cardiac activity is seen with HR of 109 BPM.

Yolk sac shows normal morphology.

Chorio- decidua is normal in thickness and echogenicity.

Internal Os is closed.

Minimal free fluid is seen in POD.

Minimal subchorionic collection is seen.

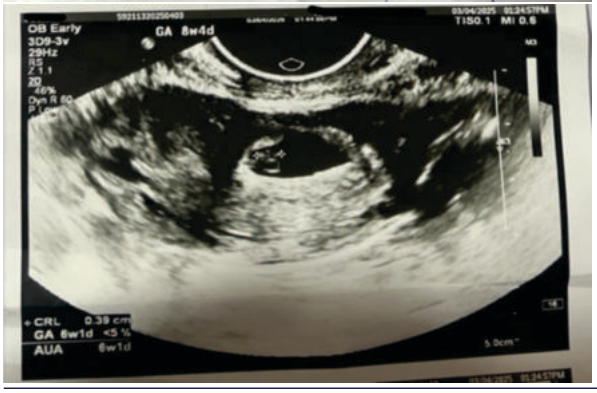
A corpus luteal cyst is seen in right ovary.

OPINION:

- GESTATIONAL SAC WITH SINGLE LIVE INTRAUTERINE EMBRYO OF EMBRYONIC CRL CORRESPONDING TO 6 WEEKS & 1 DAY OF GA SEEN AT THE LEVEL OF C-SCAR.
- EDD BY USG - 26/11/2025.

Adv: Follow up

Note: I, the undersigned, declare that while scanning this patient, I have neither detected nor disclosed the fetal sex to anybody in any manner.



CONCLUSION:

CSP poses a significant threat to life, making timely diagnosis and appropriate management essential. Since no single treatment modality whether medical, surgical, or conservative is completely reliable or capable of ensuring uterine integrity. A tailored approach is essential for treatment policy to each patient decisions should consider the individual patient's circumstances, including pregnancy viability, gestational age, and future family planning goals.

REFERENCE:

[1] Pędraszewski P, Wlaźlak E, Panek W, Surkont G (2018) Cesarean scar pregnancy - a new challenge for obstetricians. J Ultrason 18: 56-62. [Crossref]

[2] Ash A, Smith A, Maxwell D (2007) Caesarean scar pregnancy. BJOG 11253-263. [Crossref]