ORIGINAL RESEARCH PAPER

Gynaecology

CAESAREAN SCAR ECTOPIC PREGNANCY MANAGED BY EMERGENCY LIFE SAVING HYSTERECTOMY

KEY WORDS: Caesarean, scar , ectopic, hysterectomy

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ABSTRACT

Here we are reporting a case of Caesarean Scar pregnancy came in emergency with diagnosis of spontaneous miscarriage in progress along with uncontrolled per vaginal bleeding with history of previous three LSCS landing into emergency abdominal hysterectomy.

INTRODUCTION:

Caesarean scar pregnancy is a rare ectopic pregnancy which can result into catastrophic consequences if not diagnosed and manged timely. Caesarean section rate is rising hence its complication so early investigations and diagnosis in a patient with appropriate surgical history could prevent dreadful complication.

CASE REPORT:

A 35 year old female G5 P3 L3 with history of previous 3 LSCS , came with complaints of amenorrhea of 3 months and UPT positive followed by heavy per vaginal bleeding and lower abdominal pain since 2 hour . She has not registered anywhere for this pregnancy and has not taken any medication.

Her LMP was not known and her previous cycles were normal and regular. Obstetric history : she had 3 female child of 7yr , 4yr , 2 yr - all delivered by LSCS.

Her vitals at the time of admission: general condition- conscious and oriented , pallor ++ , pulse 116 , BP- 90/60 mm of hg . Her per abdominal examination: soft , midline vertical scars , per speculum examination: cervical os partially opened with continuous profuse per vaginal bleeding with uterus bulky , anteverted. On investigations : Hb -3.7 g/dl, urea -40mg/dl , creatinine -1.0 mg /dl , RBS – 90mg/dl. Primary resuscitation done by keeping patient on high flow oxygen, fast fluid transfusion and electrolyte correction. Urgent blood sample send for grouping and cross matching.

Emergency dilatation and curettage done under aseptic precaution but bleeding could not be stop . Blood transfusion started and simultaneously patient shifted to OT for emergency laparotomy. After taking high risk consent , midline vertical incision given and abdomen opened in layers, uterus identified and held with towel clips and total abdominal hysterectomy done after applying consecutive clamps. The cut section of uterus shown necrotic placental tissue invaded at the site previous uterine scar as shown in figure 1 . abdominal drain placed in situ and abdomen closed in layers. Later on blood products were transfused to patient and patient recovered within 15 days of hospital stay.

DISCUSSION :

It's a rare type of ectopic pregnancy and is a life threatening condition due to risk of severe haemorrhage , following are the risk factors of scar ectopic pregnancy:

- Multiple Caesarean deliveries
- Previous Dilatation and Curettage
- Previous abnormal placentation
- Uterine surgeries: myomectomy, metroplasty, hysteroscopy
- Previous manual removal of placenta

Its mechanism is explained as invasion by the implanting blastocyst through a microscopic tract that develops from the trauma of an earlier LSCS.

Caesarean scar ectopic pregnancy has many dreadful complications like:

- Myometrial rupture leading to fatal outcome .
- Massive secondary postpartum haemorrhage due to scar dehiscence – may require emergency hysterectomy.
- Abnormal placentations if pregnancy continued- Placenta Accreta , Percreta.

Conclusion:

Caesarean scar pregnancy is rare type of ectopic pregnancy occurring < 1 % of all types of ectopic pregnancy . A rare diagnosis but should be considered in a patient with and an appropriate surgical history. Incidence is rising as caesarean section rate is rising. It is a precursor of morbidly adherent placenta if pregnancy continued. Early detection by Transvaginal USG is very important to prevent the dreaded complications and spare fertility: Location of sac and early interventions like local infilteration of KCL , methotrexate or systemic methotrexate . Early diagnosis allows more treatment options by proper counselling as it reduces risk of complications and precise management. At the time of discharging after a LSCS , in a future pregnancy, an early visit for TVS is important.

Figure : cut section of uterus from posteriorly showing necrotic tissue invaded into previous scar of uterus.