



ORIGINAL RESEARCH PAPER

Gynaecology

A RARE CASE PRESENTATION OF CESAREAN SCAR ECTOPIC PREGNANCY.

KEY WORDS: cesarean scar ectopic pregnancy, hemorrhage, intra-myometrial hematoma, laparoscopy etc.

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ABSTRACT

Hemorrhage after first trimester abortion is usually abnormal. Painless vaginal bleeding can be caused by abnormal placentation, coagulopathy or procedure complications such as perforation and retained product of conception. Cesarean scar ectopic pregnancy is the rarest of all ectopic pregnancies. We are reporting a rare case of gravida 3 para 2 living 2 with previous two cesarean section deliveries, having cesarean scar ectopic pregnancy with intra-myometrial hematoma presented to hospital with pain in lower abdomen and bleeding per vaginally since two months. Diagnosis was done by serum hCG, ultrasonography and diagnostic hysteroscopy. Patient underwent laparoscopy to evacuate intra-myometrial hematoma and remaining mass of conception along the previous cesarean scar. On histopathological examination product of conceptions were confirmed with findings of decidua, trophoblastic tissue and chorionic villi. Early diagnosis and prompt management of intra-myometrium hematoma and caesarean scar ectopic pregnancy can decrease maternal mortality and morbidity.

INTRODUCTION:

Cesarean scar ectopic pregnancy occurs when a pregnancy implants on a previous caesarean scar. It is the rarest of all ectopic pregnancies.¹ The first case of a cesarean scar ectopic pregnancy was reported in 1978, in English medical literature.² Previous cesarean sections in women leads to seven times higher risk of overall complications from second-trimester abortion as compared to those with none.³ Jurkovic has estimated the prevalence of rarest type ectopic scar pregnancy to be approximately 1 in 1800 ectopic pregnancies in women attending an early pregnancy assessment unit.⁴ Hemorrhage is the most common cause of deaths following abortion.⁵ Though hemorrhage after abortion is rare, it is associated with significant morbidity and mortality. We are presenting a rare case of cesarean scar ectopic pregnancy with intra-myometrium hematoma presented to our hospital with continuous per vaginal bleeding. She underwent dilatation and evacuation in a PHC for probability of intrauterine pregnancy one month ago.

CASE REPORT:

A 29 year old female presented to outpatient department with chief complaint of two months amenorrhea with mild pain in lower abdomen and per vaginal bleeding continuously. She had a history of dilatation and evacuation (D & E) in present pregnancy one month before in a PHC. Obstetric history was gravida 3 para 2 living 2 with previous two cesarean deliveries. General physical examination was normal. There was mild tenderness in supra-pubic region. On bimanual examination, cervix pointed upwards, cervical movement was tender. Uterus was bulky, retroverted and bilateral fornices were free. On investigation, routine blood and urine investigations were normal. -hCG level was 616 IU/L. Ultrasonography report showed enlarged uterus and thinning of LSCS scar with intra-myometrial hematoma. CECT findings were bulky uterus with LSCS scar hematoma / pyometra. On diagnostic hysteroscopy a big hematoma was seen bulging into the cavity. Patient was planned for operative laparoscopy. On laparoscopy uterus was adherent to anterior abdominal wall. Adhesions were separated. A large hematoma (6 x 6 cm) was seen on right side of previous LSCS scar. When hematoma was removed products of conception were seen over LSCS scar. After evacuating the products of conceptions gently and completely, uterus was sutured in two layers. Tissue was sent for histopathological examination and diagnosis of cesarean scar ectopic pregnancy was confirmed. Postoperative findings were uneventful and patient

was stable. Patient was given IV fluids, prophylactic IV antibiotics and was mobilised early. Patient was discharged in good condition. Postoperative follow up was done till -hCG came to be negative.

Figure 1 Transvaginal ultrasound view of intra-myometrial hematoma of 6 x 6 cm.



DISCUSSION:

Scar ectopic pregnancy is the rarest form of ectopic pregnancy and has been increasingly diagnosed all over the world. Ectopic pregnancy occurs due to abnormal implantation of embryo within the myometrium and fibrous tissues in a previous scar on the uterus.¹ The scar ectopic pregnancy is found to be the most common in cesarean section scar. It can be called as cesarean ectopic pregnancy or simply cesarean scar ectopic. The diagnosis of scar ectopic pregnancy is very difficult but very important as it is life threatening condition. Missing its diagnosis leads to major complications like excessive hemorrhage and risk of uterine rupture. Increased risk of placenta praevia, placenta accreta, placental abruption as well as ectopic pregnancies seen in pregnancies with previous cesarean section. There are many theories regarding the etiology and mechanism of cesarean ectopic pregnancy. But the most accepted theory is that blastocyst invades the myometrium through a microscopic dehiscent tract due to previous cesarean section.⁶ Painless vaginal bleeding is the most common clinical presentation of cesarean ectopic pregnancy. Ultrasonography and Colour Doppler are very helpful for its diagnosis.^{7,8} Bedside ultrasonography is noninvasive and rapid investigation to diagnose these patients.

Management of cesarean scar ectopic includes various surgical approaches and techniques. Endoscopic surgery with hysteroscopy followed by incision and aspiration of the ectopic mass by laparoscopic operative procedure has been described.⁹ Other surgical options include laparotomy and wedge excision of the ectopic mass and repair of the myometrium followed by curettage.¹⁰

The diagnosis of retained product of conception should be considered in women who present with vaginal bleeding after dilation and curettage.

CONCLUSION:

Cesarean scar ectopic pregnancies can have very fatal and poor outcomes, including uterine rupture, massive hemorrhage and maternal death. Early and accurate diagnosis of cesarean scar pregnancy is important in order to avoid complications. Incidence of post abortion hemorrhage and missed diagnosis of ectopic scar pregnancy can be reduced by use of ultrasound in localization of pregnancy before D and E procedure is recommended.

Conflict of Interests:

There is no any personal or financial conflict of interests that are associated with this study.

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