



ORIGINAL RESEARCH PAPER

Gynaecology

SCAR ECTOPIC PREGNANCY

KEY WORDS: scar ectopic, rare, laparotomy.

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ABSTRACT

Scar ectopic pregnancy is a rare type of abnormal implantation. It is often considered as rarest type of ectopic pregnancy with incidence of 1:2200 of all pregnancies. 25 yrs old patient second gravida previous LSCS with LMP 26/02/18, 3 months amenorrhoea got admitted at Government Rajaji hospital, Madurai on 29/05/18. She was diagnosed as scar ectopic pregnancy. Laparotomy was proceeded and sac protruding through scar was resected and defect closed. Patient was discharged on 8th POD in good condition.

INTRODUCTION

Scar ectopic pregnancy is rare type of abnormal implantation and the incidence varies from 1:1500 to 1:2200 of all pregnancies, with a rate of 0.15% in women with previous caesarean section, at rate of 6.1% of all ectopic pregnancy who had atleast one caesarean section.⁽¹⁾ Early diagnosis and prompt management can prevent complication such as hemorrhage and rupture. Conservative management also has a role. Here we present a case of scar ectopic pregnancy.

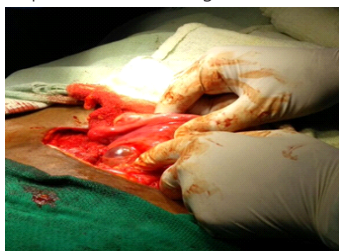
CASE REPORT

25 yrs old woman G2P1L1, a case of previous LSCS with LMP 26/02/18 got admitted with history of 3 months amenorrhoea and bleeding PV since 15 days on and off at Govt Rajaji Hospital, Madurai. After confirmation of pregnancy patient had spotting PV on and off. Injection micronised progesterone was given and pregnancy continued. USG done in 9 weeks (02/05/18) showed single nonviable pregnancy of gestational age 7 weeks and sac was seen in lower uterine segment, sac extended to LSCS scar upto serosal layer suggestive of LSCS scar pregnancy. Patient had methotrexate (single intramuscular injection) at a private hospital following which she had intermittent bleeding PV. Check scan was done and referred to our hospital.

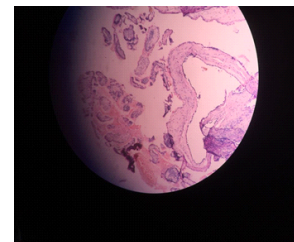
On admission patient was not anaemic, vitals stable, on examination abdomen was soft, not distended, pfannenstiell scar +. Pelvic examination revealed bulky, anteverted uterus, no marked tenderness in fornix. USG showed uterus 4.5



As patient had already underwent medical management and failed, plan for exploratory laparotomy was made. On opening abdomen no hemoperitoneum was noted and ectopic sac was seen protruding through right lateral corner of lower sement caesarean scar with intact membrane and the same was resected. Product of conception evacuated using suction cannula introduced through defect. Defect closed in 2 layers 1-0 vicryl, hemostasis secured. Post operative blood pressure 120/70 mm Hg. One unit of packed cell was transfused. Post operative period was uneventful and patient was discharged on 8th POD.



HPE report showed sheets of decidual membrane and few chorionic villi with calcification and degeneration.



DISCUSSION

Scar ectopic pregnancy is rare and life threatening condition. Poor healing and focal thinning of scar which may be susceptible to implantation of gestational sac at the defective point. The complication such as hemorrhage, uterine rupture can be prevented by early diagnosis. Diagnosis depends on symptoms, clinical manifestation, previous caesarean section, serum HCG level, USG findings. TVS findings include empty uterine cavity and cervical canal, gestational sac in anterior wall of isthmic portion in previous caesarean section scar with high velocity, low impedance vascular flow.⁽²⁾

Conservative treatment such as local or systemic administration of methotrexate⁽³⁾, selective uterine artery embolisation with curettage and / or methotrexate administration can be tried in a hemodynamically stable patient. Laparotomy or laparoscopic resection of lesion should be considered in patients who do not respond to conservative management.

CONCLUSION

Scar ectopic pregnancy even though rare can present with life threatening complications like intra peritoneal hemorrhage, rupture. Fertility of patient may be preserved if diagnosed early and promptly managed.

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