



ORIGINAL RESEARCH PAPER

Obstetrics & Gynaecology

VARYING CLINICAL PRESENTATIONS OF CESAREAN SCAR ECTOPIC IN TERTIARY CARE CENTRE

KEY WORDS:

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ABSTRACT

Introduction: Cesarean scar pregnancy [CSP] is the implantation of gestational sac within the myometrium of prior caesarean surgery scar. The incidence of caesarean scar ectopic is 1 in 2000 normal pregnancies. CSP possess great risk for maternal haemorrhage, placenta accreta spectrum and uterine rupture. Women with caesarean scar ectopic usually present early. Pain and bleeding are common. However 40% of women are asymptomatic. Diagnosis is made by routine USG examination. Rarely early rupture can lead to abdominal pregnancy. **Aims And Objectives:** To study various clinical presentations, management, outcome of 3 caesarean scar pregnancies at a tertiary care centre. **Materials And Methods:** Retrospective study done in Department of Obstetrics and Gynaecology at Government Hospital Guntur from June 2021 - June 2022. Sample size -3
Results:
 Out of 3 cases
 • One was presented with bleeding p/v as ?incomplete abortion
 • Other 2 cases were presented with pain abdomen with ?unruptured tubal ectopic
Procedure:
 • Exploratory laparotomy with scar ectopic excision and repair
 • Exploratory laparotomy followed by sub total hysterectomy
Conclusion: Cesarean scar ectopic is a rare and potentially life threatening ectopic pregnancy. Diagnosis of CSP could be done by comprehensive history taking and examination. Ultrasound is the main modality to identify. Early diagnosis and intervention is very important to decrease morbidity and mortality of Cesarean Scar Ectopic.

INTRODUCTION

- Caesarean scar pregnancy is the implantation of gestational sac within the myometrium of prior caesarean surgery scar.
- The incidence of caesarean scar pregnancy is 1 in 2000 normal pregnancies
- As caesarean delivery rate increases, the incidence of caesarean scar ectopic increased as well.
- It poses a great risk for maternal hemorrhage, placenta accreta spectrum and uterine rupture.
- Women with caesarean scar ectopic usually present early.
- Pain and bleeding are common.
- Diagnosis is made by routine USG examination.
- Rarely early rupture can lead to abdominal pregnancy.

There are two types of caesarean scar ectopic.

Endogenous

- Grows towards uterine cavity
- Can reach viability
- Risk of massive bleeding and morbid adherence

Exogenous

- Invades scar
- Grows towards abdominal cavity/bladder
- Risk of rupture and bleeding in early pregnancy.

Diagnostic Criteria

USG:

- Uterus is empty with clearly visualised endometrium
- Cervix is empty
- Gestational sac is within the lower uterine segment, anterior portion [site of lscs scar]
- Myometrium between gestational sac and bladder is thin or absent
- Doppler shows prominent trophoblastic circulation around gestational sac

MRI: To confirm diagnosis

AIMS AND OBJECTIVES

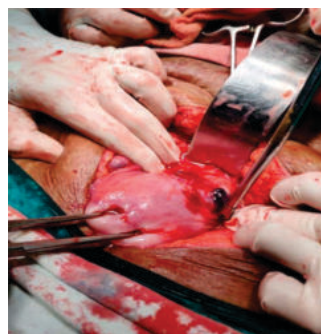
- To study various clinical presentations, management, outcome of 3 caesarean scar pregnancies at a tertiary care center.

MATERIALS AND METHODS

- Retrospective study done in Department of Obstetrics and Gynaecology at Government Hospital Guntur from June 2021 - June 2022.
- Total 3 cases were reported

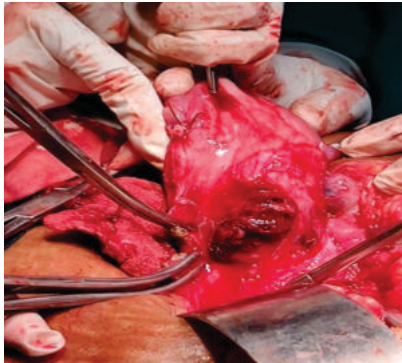
Case-1

- A 23 year old G3P1L1A1 with previous lscs with 3 months amenorrhea referred from private hospital in view of pain abdomen from 4 hours
- On examination, tenderness present in the hypogastric region, on BME, uterus is bulky with anterior forniceal fullness
- Her UPT was positive, Scan was done and reported as right unruptured tubal ectopic.
- As the patient is symptomatic, laparotomy was done
- Intra-op findings were: trophoblastic tissue observed eroding the scar. Gestational sac and trophoblastic tissue removed gently.
- Scar excision and repair was done.
- Patient was stable throughout and after the procedure.
- She was discharged in a healthy condition after 7 days.



Case 2:

- A 24 year old G3P2L2 with 2 previous lscs with 2 months amenorrhea came with complaint of bleeding p/v and pain abdomen from 2 days
- Her UPT was positive. On bimanual examination, uterus is bulky, bleeding through os present.
- As the case mimicked incomplete abortion, case was posted for suction evacuation under short GA.
- When suction evacuation was attempted, there was sudden gush of blood. So case was posted for laparotomy.
- Intra-op findings were- products of conception seen protruding through the previous scar. Lower segment is highly vascular.
- As the bleed could not be controlled, sub total hysterectomy was done.



- Diagnosis of CSP could be done by comprehensive history taking and examination.
- Trans vaginal ultrasound is the primary imaging modality to identify.
- Early diagnosis and intervention is very important to decrease morbidity and mortality of Caesarean Scar Ectopic.
- Treatment of caesarean scar ectopic is individualised according to the clinical presentation

CONCLUSION

- Caesarean scar ectopic is the rarest of all ectopic pregnancies.
- It is a life threatening condition, causes excessive hemorrhage and risk of uterine rupture
- The diagnosis is very difficult and false negative diagnosis can lead to major complications.
- Various clinical presentations of caesarean scar ectopic should be kept in mind for early diagnosis and treatment.

Case-3

- A 25 year old G2P1L1 with previous lscs with 2 months amenorrhea came with a complaint of pain abdomen from 5 hours.
- On examination, tenderness is present at hypogastric and right iliac region. On BME, uterus is bulky with anterior and right forniceal fullness
- Her UPT was positive and USG was reported as having right unruptured tubal ectopic.
- Laparotomy was done and intra-op findings were: 2*1 cm trophoblastic tissue seen eroding the right end of previous scar
- Tissue was removed gently. Scar excision and repair was done.
- Patient was stable throughout and after the procedure.

RESULTS

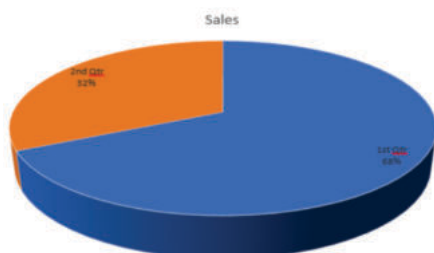
Out of 3 cases,

- One case presented as incomplete abortion
- Other 2 cases were presented as unruptured tubal ectopic.

Procedure:

- Hysterectomy was one for 1 case
- Scar excision and repair was done for 2 cases

Clinical presentation	Procedure	No. of cases
INCOMPLETE ABORTION	HYSTERECTOMY	1
UNRUPTURED ECTOPIC	SCAR EXCISION AND REPAIR	2



DISCUSSION

- Caesarean scar ectopic is a rare and potentially life threatening ectopic pregnancy.