



# Medical and Surgical Management of Caesarean Scar Pregnancies



Cingiloglu P<sup>1</sup>, Siriwardena K<sup>1</sup>  
<sup>1</sup>Westmead Hospital, NSW, Australia

## AIM

To investigate the outcomes of medical and surgical management of caesarean scar pregnancies (CSP).

## METHOD

Retrospective cohort study of 19 patients with CSP managed in a tertiary hospital between 2014 - 2019. The interventions were systemic methotrexate; combined systemic and intrasac methotrexate; and whether there was a need for further surgical intervention involving ultrasound guided suction curettage or hysteroscopic resection of CSP. Outcomes measures were number of previous caesarean births, gestation and initial HCG, presence of fetal heart rate, the mode of treatment; and the outcome.

## RESULTS

The presenting complaint in 67% (12) of patients was vaginal bleeding. Eight (42%) patients also reported abdominal pain, and it was found incidentally on routine dating ultrasound scans in three (20%) patients. Eight women were managed with systemic methotrexate, with 50% requiring multi-dose methotrexate to achieve complete resolution of CSP. Two women had combined intrasac and systemic methotrexate. One patient was managed conservatively. Eight women were managed surgically with hysteroscopic resection or ultrasound guided suction curettage. Of these, five were planned surgical management, and three (38%) were due to failed medical management. One patient managed with medical management had an unexpected presentation to the emergency department with heavy bleeding that was managed conservatively.

## CONCLUSION

Caesarean scar pregnancies are becoming increasingly more common with the global increase in the number of caesarean deliveries. There is no clear consensus on gold standard management. In our findings, medical management was associated with: 50% of patients requiring multi-dose regimen of MTX to have complete resolution, 38% requiring unplanned surgical management, and 1 ED presentation. Although surgical management is more invasive, with appropriate resources and skillset of the operator, it is associated with a more successful resolution of CSP.

Presenting complaint

