

Management Challenge of a Caesarean Scar Ectopic Pregnancy: a case report

Jasmin Banwait¹, Dr Inge Putri²

1. College of Medicine and Dentistry, James Cook University, Townsville, Australia.
2. Department of Obstetrics and Gynaecology, Townsville University Hospital

INTRODUCTION

A caesarean scar ectopic pregnancy is the abnormal implantation of an embryo within the myometrium of a previous caesarean section scar.

The incidence of a scar ectopic pregnancy is ~ 1:2000, however this is rising with increasing caesarean rates.^{1,2}

If unrecognised, consequences can be life threatening, leading to major haemorrhage and hysterectomy.

Currently, there is no agreed consensus on the best treatment modality. Medical options include methotrexate or surgical excision of the scar ectopic pregnancy.

DISCUSSION

- The management of scar ectopic remains an ongoing challenge.
- Treatment should consider each individual patient's preference, desire for future fertility, size and gestational age, and hemodynamic stability.
- In this case methotrexate was administered due to patient preference, to reduce vascularity and avoid morbidity from heavy bleeding.
- However, in keeping with current evidence, that reports methotrexate has a high rate of failure,³ additional intervention was required.
- This case demonstrates that surgical management via laparoscopic wedge resection provides definitive, fertility conserving management of a scar ectopic pregnancy

CASE



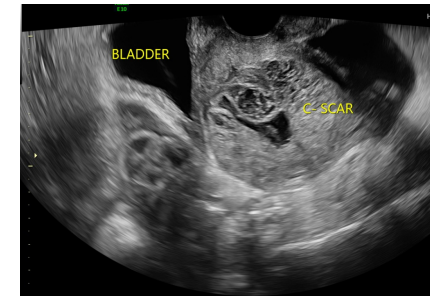
A 25-year-old, G₄P₂, woman presented at 8 weeks gestation with vaginal bleeding and lower abdominal pain.

Obstetric History:

- 1x emergency LSCS for abnormal CTG
- 1x elective repeat LSCS
- x1 spontaneous miscarriage
- X2 dilation and curettage for retained products

Investigations:

- B-hCG of 104220
- TVUS showed caesarean scar ectopic pregnancy



Treatment:



- Initially given 50mg intra-gestational methotrexate and systemic methotrexate, 25mg IM injection
- Patient experienced persistent vaginal spotting for 2 months, despite B-hCG falling to 0.
- Repeat USS revealed a 2cmx2cm hypoechoic lesion around the caesarean scar site. A laparoscopic wedge resection was performed, with 8units of Vasopressin injected intraoperatively to minimise blood loss. Histopathology confirmed a diagnosis of scar ectopic pregnancy.
- Surgical management had no complications, and patient recovered well.

References:

1. Brancazio S, Saramago I, Goodnight W, McGinty K. Cesarean scar ectopic pregnancy: Case report. Radiol Case Rep. 2019;14(3):354-359. doi: 10.1016/j.radcr.2018.12.001.
2. Cömert E.H., Şal H., Ekici Y.S., Seda E., Guven G. Cesarean scar pregnancy: a case report. Türkiye Klinikleri Jinekoloji Obstetrik. 2018;26(1):37-39. doi: 10.5336/gynobstet.2016-53978.
3. Patel MA. Scar Ectopic Pregnancy. J Obstet Gynaecol India. 2015 Dec;65(6):372-5. doi: 10.1007/s13224-015-0817-3. Epub 2015 Nov 21. PMID: 26663994; PMCID: PMC4666214.