

Caesarean Scar Pregnancy: A Case Report

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ABSTRACT

Ectopic pregnancy within a cesarean delivery scar is the most rare condition of ectopic Pregnancy. It has one of the most important impact in the obstetric maternal life because of its high morbidity and mortality owing to complications. Even though, it's increasing, most of all because of the increment of cesarean all around the world. This article describes a case of caesarean scar ectopic pregnancy that was followed in a filantropic hospital in Vitória-es.

Keywords

Cesarean scar pregnancy, Heterotopic cesarean scar pregnancy, Ectopic pregnancy.

Introduction

The incidence of ectopic pregnancy is about 1% of all pregnancies. Ectopic pregnancy within a cesarean delivery scar is considered the rarest presentation existing of ectopic gestation and with the most reserved prognostics due to its high morbimortality. Most of all, because of uterine rupture risk leading to severe hemorrhage and high incidence of hysterectomy during operating time. The main risk factor for the occurrence of such implantation is the previous caesarean [1-5].

The first case was described in 1978 by Larsen and Solomon, with progressive increase of incidence due to increase in the number of caesareans. Currently the approximate incidence is from 1 to 1,800 to 1226 for pregnancy, being about 6.1% of the ectopic pregnancies of the patient with pre-existing caesarean scar. A bad healing can make myometrium thinner and more susceptible for implantation of gestational sac [6-9].

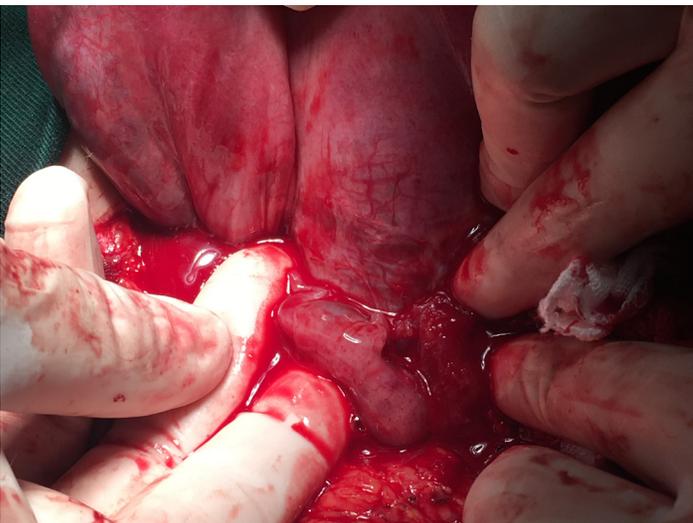
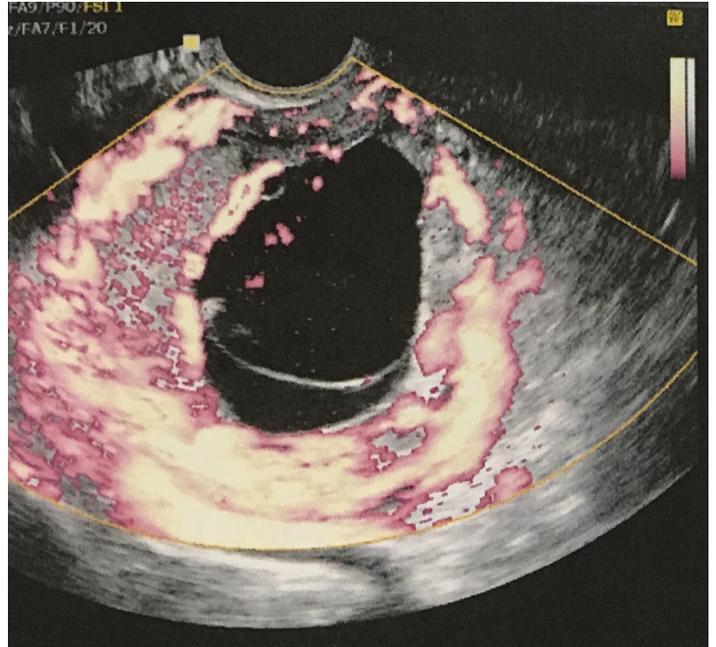
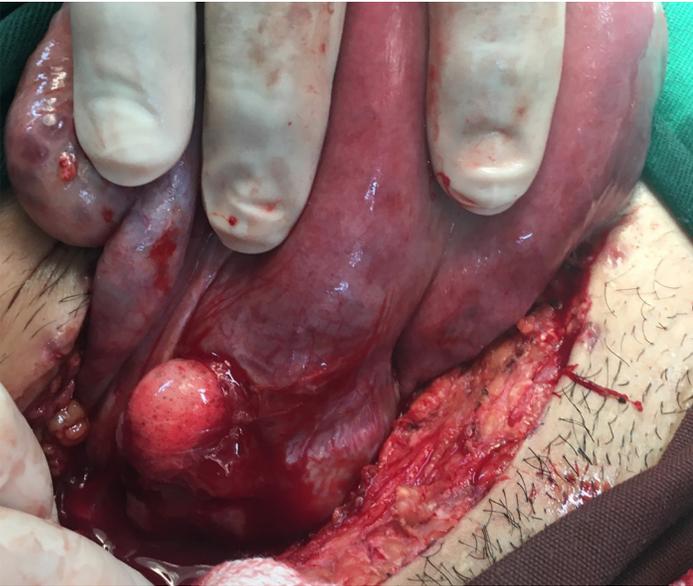
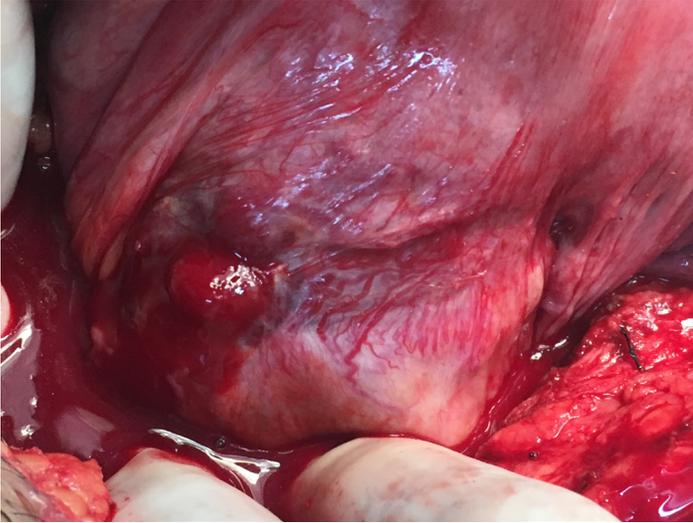
The treatment can be conservative with injection of methotrexate or surgical. In case of another pregnancy, the scar should be evaluated because of the risks of uterine rupture or another abnormal implantation [10-12].

Case Report

DLS, 32 years old, G5P4A1 - with previous three caesarean deliveries, presented to outpatient department of gynaecology. She complained of vaginal spotting, had a positive pregnancy test and previous sonography study that diagnosed an ectopic pregnancy. Transvaginal ultrasound revealed empty uterine cavity and an ectopic sac on her right ovary, with live embryo, heart rate of 155 beats/min, it measured 14, 1mm corresponding to a gestational age of 7 weeks and 3 days, as a common ectopic pregnancy.

On examination her vital signs were normal, had no abdominal pain. In pelvic examination the cervix was normal, and no spotting was seen. Abdominal bimanual palpation revealed a normal-sized uterus. In view of these findings, she underwent laparoscopic surgery. Intra-operatively was noticed increased uterine volume. She was submitted to a new ultrasound examination that showed an ectopic sac on myometrium with embryo presenting heartbeats and movements. Gestational age of 10 weeks and 4 days. Being diagnosed caesarean scar ectopic pregnancy.

Once again, the patient went through a laparoscopic surgery: there was identified a mass near cervix in eminent rupture. It was performed hydrodissection with gestational sac resection. Uterus was preserved. In the end material was sent to examination and diagnosis was confirmed.



Conclusion

Caesarean scar pregnancy remains the rarest condition of ectopic pregnancy. Although, with the increase of cesarean, the uterine scar should be evaluated during a new pregnancy most off all, in the first trimester for early diagnosis and management.

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