



P139. CESAREAN SCAR PREGNANCY: A CASE REPORT

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Introduction

Ectopic pregnancy in a previous hysterotomy (cesarean) scar occurs in about 1 in 2000 pregnancies and 6 percent of ectopic pregnancies among women with a prior cesarean delivery. [1-3]. The pregnancy is located in the scar and is surrounded by myometrium and connective tissue. This tract develops from dilatation / curettage, myomectomy, uterine surgery or as a result of previous cesarean section. In this case, we present a case of cesarean scar pregnancy that was diagnosed and treated in our clinic.

Case presentation

A 25-years-old (gravida 2 parity 1) woman with a history of one cesarean birth was admitted to the gynecology outpatient clinic because of vaginal bleeding. A cesarean scar pregnancy was diagnosed with transvaginal and abdominal ultrasonography, it was conforming to the incision area compatible with eight weeks six days without fetal heart beat on anterior wall of uterine. Level of β hCG was measured 4091 IU/ml at the beginning. However, therapeutic curettage was planned. Pregnancy was terminated with suction curettage in company with ultrasonography. Level of β hCG was measured 2302 IU/ml after curettage. A decrease in the level of serum β hCG was observed. The patient was discharged with good health status. Level of β hCG was measured up to 13,34IU/ml after two weeks.

Discussion

The sonographic criteria for diagnosis [5,6] are; empty uterus and empty cervical canal; development of the sac in the anterior wall of the isthmic portion;a discontinuity on the anterior wall of the uterus demonstrated on a sagittal plane of the uterus running through the amniotic sac;absent or diminished healthy myometrium between the bladder and the sac; high velocity with low impedance peri-trophoblastic vascular flow clearly surrounding the sac which is proposed in Doppler examination.

The optimal treatment for a cesarean scar pregnancy is unclear and therapy should be planned according to patients' clinical presentation. A patient who shows signs of hemorrhage or hemodynamic instability will require laparoscopy or laparotomy, or possible hysterectomy. In the stable patient, therapy may involve dilation and curettage or methotrexate therapy.

This case demonstrates the successful use of Transabdominal ultrasound-guided suction curettage for CSP treatment. With surgical excision of the gestational mass, HCG returns to normal much more quickly-within 1 to 2 weeks

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