Ectopic Pregnancy in Cesarean Scar. Case Report

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Introduction

Ectopic pregnancy on the scar of a previous cesarean is a very rare entity with a prevalence ranging from 1:1,800 to 1:2,226 pregnancies [1] and corresponds to only 6% of ectopic pregnancies in women with a previous cesarean section [2]. Its increasing incidence in recent years is associated not only with the increase in the number of caesarean sections, but also with the increase of scarring in the endometrium due to uterine curettage, myomectomies, hysteroscopies, manual delivery of the placenta and assisted fertilization techniques [3]. We present a case report of a patient with a serious complication due to this pathology.

Case Report

A 37-year-old patient, G2P1 (s-section), with a 7-week pregnancy with a diagnosis of missed miscarriage, evidencing a gestational sac descended in the Transvaginal Ultrasound. A uterine evacuation was performed on 4/26/18, evolving with a profuse intraoperative uterine bleeding, which required uterine artery embolization and ICU admission (15% Ht on admission) with transfusion of 5 units of red blood cells. She progressed with hemodynamic stability, without uterine bleeding for the next 96 hours, with control hematocrit at discharge of 31%. She developed fever 7 days after discharge (11th postoperative day) so she is readmitted. A CT-scan of the abdomen and pelvis is performed. It showed a prevesical hypoechoic mass of about 8 cm diameter.

Given the suspicious of a hematoma in the uterine segment versus complicated Ectopic Pregnancy of a cesarean scar, a laparotomic approach was decided, finding an 8 cm mass, with a hematoma aspect, contained by uterine serosa, which compromises the entire uterine segment, and with tight adherence to the dome of the bladder. Given the impossibility of performing a conservative treatment due to the size and total compromise of the uterine segment, we decided to perform a total hysterectomy (Figure 1-3).

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The surgical approach can be performed hysteroscopically [11], laparoscopically or laparatomically by wedge resection of the previous scar with new hysterorrhaphy, in cases where fertility is desired, or total hysterectomy in cases where it is not desired to conserve fertility.

**Conclusion**

Suspicious and early diagnosis of ectopic pregnancy of cesarean section can conserve fertility and can reduce maternal morbidity and mortality. There is no single treatment modality, and none can guarantee uterine integrity. The treatment must be adapted to each patient and take into account the consideration of the viability of pregnancy, gestational age, and future family planning. Expectant management is not an option given the high risk of uterine rupture and hemoperitoneum.

**References**