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 hypechoogenic mass of about 8 cm in diameter, compatible with abscess vs. hematoma.

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).

Figure 1: CT scan showing a prevesical hypechoogenic mass of about 8 cm of diameter.

Figure 2: Uterine segment mass, firmly adherent to the dome of the bladder, which was opened.
References


