Case Report

An Ectopic Scar Pregnancy - A Case Report

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Abstract

Background: An ectopic pregnancy developing in a Caesarean section scar is extremely rare. This type of ectopic pregnancy carries with it a high risk of morbidity related to uterine rupture and extensive hemorrhage.
Key Word: Caesarean scar, ectopic pregnancy, ultrasound.

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INTRODUCTION

Pregnancy developing within the fibrous tissue of a caesarean section scar is the rarest form of ectopic pregnancy[1]. Although it is uncommon, this iatrogenic condition can be life threatening because of the very high risk of complications such as uterine rupture and massive hemorrhage[2]. The incidence of Caesarean scar ectopic pregnancies may be increasing, as evidenced by number of new case reports in the literature[2]. Examination using ultrasound is paramount for diagnosis and can also be used during conservative management. Surgical therapy is defensible, although it carries increased morbidity[3].

The Case

A 35 years Para 2 live 1 came in emergency ward with complaining of on and off per vaginal bleeding since last 3 months with no other significant history and normal menstrual cycles before 3 months. In her obstetric carrier she had previous two lower segment caesarean sections 8 and 6 years back respectively. On per speculum examination other than moderate per vaginal bleeding there was no other significant findings. She thoroughly get investigated with surprisingly negative urine pregnancy test. Ultra sonography for abdomen pelvis showing findings resembling of arterio venous malformation. Despite of all medical management there is no decrease in per vaginal bleeding rather than there was change in vital parameters of the patient. Therefore decision of emergency Laparotomy was taken. Intra operative findings Suggestive of scar ectopic pregnancy which were confirmed on Histopathology Examination.

DISCUSSION

Ectopic pregnancy in a Caesarean scar was first reported in 1978 by Larson and Solomon[4]. Jurkovic has estimated the prevalence of this rarest type of ectopic pregnancy to be approximately 1 in1800 ectopic pregnancies in a woman attending an early pregnancy assessment unit[3].Seow suggests an incidence of 1 in 2216 ectopic pregnancies in women from a similar poplation[5]. The true incidence and prevalence of Caesarean scar ectopic pregnancy is difficult to determine because of its rarity. Risk factor for an ectopic pregnancy to develop in Caesarean scar include previous dilatation and curettage, previous placental pathology, previous manual removal of placenta, previous ectopic pregnancy, in-vitro fertilization (IVF), two or more previous Caesarean sections, and other uterine surgery such as myomectomy, metroplasty, or hysteroscopy[4].

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Figure 1: Specimen shows small embryo after 50 times magnification

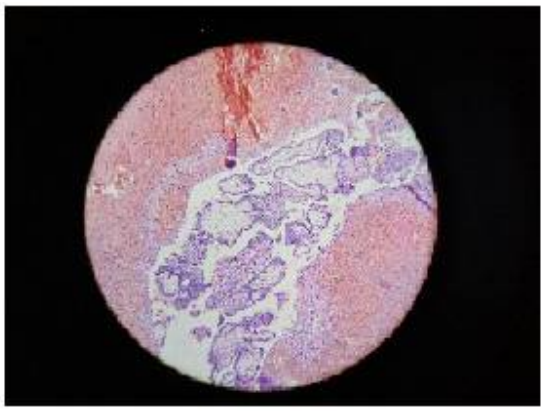

Figure 2: Pregnancy in scar is confirmed by histopathology

The genesis of this type of pregnancy may involve the implantation of pregnancy into the myometrium via a microscopic tract, or perhaps a dehiscence in the previous uterine scar[6]. The most important investigation is ultrasonography with Doppler flow studies[7]. The sonographic criteria for diagnosing a pregnancy in a scar are[1] an empty uterus[2] an empty cervical canal [3] a gestational sac located in anterior part of the is themic portion of the uterus with a diminished myometrial layer between the bladder and the sac[4] a discontinuity in the anterior wall of uterus demonstrated on a sagittal view of the uterus (when the direction of the ultrasound beam runs through the amniotic sac. Additionally, vascular flow is demonstrated around the gestational mass. Vial has suggested that there may be two different types of caesarean scar pregnancies[8].The first type involve implantation of gestational sac on the scar with progression towards either the cervix or the uterine cavity. In this type, the fetus may grow to viability but there is risk of life threatening hemorrhage from the implantation site. The second type involves a deep implantation in a caesarean scar defect with possible rupture and bleeding during the first trimester of pregnancy. Vial comments that these differences may help to identify the most appropriate treatment[8]. In the haemodynamically stable patient, medical or surgical option for management may be consider .In our case as the patient have profuse bleeding with ultrasound diagnosis resembling of arterio-venous malformation. Surgical therapy for caesarean scar ectopic pregnancies may include various approaches and techniques. Endoscopic surgery, with hysteroscopy followed by incision and aspiration of ectopic mass by operative laparoscopy has been discribed[9].Other surgical options include laparotomy and wedge excision of the gestational mass with sub sequent repair of the myometrium, and systemic medical therapy followed by curettage[1,8]. Pregnancies following a Caesarean scar ectopic pregnancy have been reported[2,3,5]. In one of these, uterine rupture with maternal and fetal death occurred[5].Delivery by Caesarean section after confirmation of fetal lung maturity is recommended.

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