

Cesarean scar pregnancy: A case report of conservative management

EL Moctar Mohamed Abdellahi^{1*}, Sara Boudhas, M.B Idrissi, K. Saoud, N. Mamoun, S. Errarhay, C. Bouchikhi, A. Banani

Obstetrics Gynecology I Department of the CHU HASSAN II, Faculty of Medicine, Sidi Mohamed Ben Abdellah University, FES, Morocco
Mail :elmoctarmab@gmail.com

Abstract : A cesarean scar pregnancy is a rare type of ectopic pregnancy which engages the vital prognosis either by hemorrhage or by early uterine rupture. We report the case of a 34-years-old patient who presented an ectopic pregnancy developed inside a previous caesarean section scar. The diagnosis was made at eight weeks of gestation by ultra-sound and allowed a fast management. We chose a conservative medical treatment by methotrexate both systemic , the patient finally benefited from endo-uterine aspiration.

Introduction

Implantation of a pregnancy into a caesarean section scar is the rarest form of ectopic pregnancy, with an estimated incidence of 1/1800 pregnancies [1]. It is a pregnancy at major risk of massive hemorrhage, and requires active management as soon as it is diagnosed. The first publication on the subject dates back to 1978 [2]: the outcome of the first cases described was often hysterectomy for haemostasis, in the face of haemorrhage provoked by treatment with primary curettage, or spontaneous metrorrhagia without etiological diagnosis.

We present here the case of a 34-year-old patient with a favorable outcome. In the light of recent literature, we will then discuss the diagnostic and therapeutic methods available for the optimal management of cesarean scar pregnancy (CSP).

Clinical case

Mrs. A. presented to the gynaecological emergency department with pelvic pain and dark metrorrhagia of low intensity, which had been present for five days. She is a 34-year-old patient with the following obstetrical history: one vaginal delivery, one spontaneous miscarriage and one abortion: gestational sac with positive embryo cardiac activity LCC of 08 weeks' amenorrhea, located at the caesarean scar (image 1), the patient benefited from medical treatment based on methotrexate which failed, then the patient benefited from endo-uterine aspiration in the operating theatre followed by placement of a Bakri catheter.



image 1 : gestational sac with positive embryo cardiac activity LCC of 08 weeks' amenorrhea, located at the caesarean scar

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Discussion

The incidence of Caesarean section scar pregnancy (CSP) is estimated at between 1/1800 and 1/2250 pregnancies. With 84 cases described in the literature since 1978, this initially exceptional ectopic pregnancy is increasing in frequency; the incriminating risk factors are similar to those of placenta accreta: on the one hand, the number of previous caesarean sections and endo-uterine gestures (curettages, manual uterine revision), and on the other hand, IVF techniques with embryo transfer are more common.

Conclusion

Medical or surgical treatment of PSC must be conservative, and must also prevent bleeding complications through vascular control obtained surgically or by embolization. The creation of a national registry of cases would make it possible to standardize therapies and achieve better management.

Références

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