

Case Report: A Caesarean Scar Pregnancy, Successfully Managed with Ultrasound Guided Evacuation

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Caesarean scar pregnancy is a rare life threatening condition with the estimated incidence of 1/2500 caesarean deliveries. A delay in diagnosis and/or treatment can lead to uterine rupture, major haemorrhage, hysterectomy and serious maternal morbidity. A 35 year old house wife with period of amenorrhea of 12 weeks, admitted with lower abdominal pain and per vaginal bleeding. It was her third pregnancy with previous two caesarean sections. Transvaginal ultrasound scan revealed a 2.5 cm size gestational sac implanted at previous scar. Serial Serum beta HCG levels were done and they were increasing. After confirming the diagnosis of live caesarean scar pregnancy, we planned to manage her medically and treated her with IM methotrexate 50 mg/m². Serum beta HCG levels were monitored and it gradually came down and reached a plateau level of 30 U/L in 4 weeks' time. Meanwhile, she developed features of early sepsis and was managed with intravenous antibiotics. We did ultrasound guided evacuation of the products as she had recurrent episodes of foul smelling vaginal discharge and features of persistence sepsis. During the procedure she developed heavy per vaginal bleeding (intra-abdominal bleeding excluded). It was managed with Foley catheter balloon tamponade. She had uneventful post-operative recovery. Balloon tamponade removed after 24 h. Serum beta HCG levels reached normal levels in 6 weeks times and she developed menstruation 8 weeks after the evacuation. Early diagnosis and treatment of caesarean scar pregnancy is essential to prevent complications, thus preserving the uterus and future fertility. Management plan should be individually tailored.