



# Ruptured Caesarean Scar Pregnancy: A Case Report

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## INTRODUCTION

Caesarean Scar Pregnancy is defined as the full or partial implantation of gestational sac in the myometrium scar of the uterine incision of previous caesarean section or hysterotomy, primarily diagnosed by Transvaginal ultrasound (TVS) [1]. It was first described by Larsen in 1978[2]. The incidence is around 1 in 1800 to 1 in 2656 pregnancies[3]. Below is the case presented to VSG Hospital, Visakhapatnam.

## CASE

A 32yr old G<sub>3</sub>P<sub>1</sub>L<sub>1</sub>A<sub>1</sub> post caesarean pregnancy with 8 weeks period of gestation presented to the labour room with lower abdominal pain and syncope. Her history revealed that she was diagnosed with missed abortion and was given oral Mifepristone and Misoprostol at a peripheral centre. On examination, she was anaemic and hypotensive with lower abdominal distension and tenderness. Vitals were stabilized.

**Fig A-bulky uterus with loss of integrity of the myometrial C-Section scar with defect measuring 1.4cms.**



**Fig B-heterogeneously hypoechoic avascular and nodular lesion of 5.2x3.3cms at the scar site extending into the peritoneal cavity.**



TVS (Fig A, B) confirmed ruptured caesarean scar pregnancy. Laparotomy was done after taking consent from the couple. Intraoperatively, 500ml hemoperitoneum and around 200gms clots were removed from the peritoneal cavity. Uterine rupture of about 2cms was observed along the previous caesarean scar close to the right uterine artery with an organized mass of around 5x3cms. In view of persistent bleeding from the rupture site, Total abdominal hysterectomy was done. Histopathology of the mass showed chorionic villi lined by proliferation of benign looking syncytiotrophoblastic cells confirming it to be placental tissue.

## DISCUSSION

Clinical presentation of caesarean scar pregnancy is variable from being asymptomatic to abdominal pain and vaginal bleeding. Complications of caesarean scar pregnancy, if continued, are miscarriage, foetal death, prematurity, placenta accreta spectrum,

uterine rupture and the need for hysterectomy. In a systematic review of 44 studies conducted by Morlando et.al, the risk of recurrence of caesarean scar pregnancy was 17% and the risk of placenta accreta spectrum was 4%[4]. Caesarean scar pregnancies can be treated medically using Methotrexate or surgically by evacuation of the pregnancy or excision of the pregnancy and repair of the scar site.

## CONCLUSION

Caesarean Scar Pregnancy is diagnostically and therapeutically challenging. Early diagnosis by Transvaginal scan helps in reducing the maternal morbidity and mortality.

**Conflict of Interest:** Nil

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