

Title: A RARE CASE OF CAESAREAN SCAR ECTOPIC PREGNANCY MANAGED CONSERVATIVELY

INTRODUCTION: Scar Ectopic Pregnancy (CSEP) was first reported in 1978. The frequency of Caesarean scar ectopic pregnancy has a rate of 6.1% in women who had ≥ 1 prior cesarean section.¹ It poses a diagnostic and management challenge and leading to considerable maternal morbidity and mortality.

AIM: To describe a case of CSEP managed conservatively



CASE REPORT: A 29 year old G2P1L1 with one previous caesarean section came with spotting P/V. On examination, patient stable, uterus was 6-8 weeks size with no forniceal or cervical motion tenderness. Under TVS guidance, KCl 1.5 ml given intra sac and MTX 50 mg IM given. USG done on the next day to confirm absence of cardiac activity. HCG levels

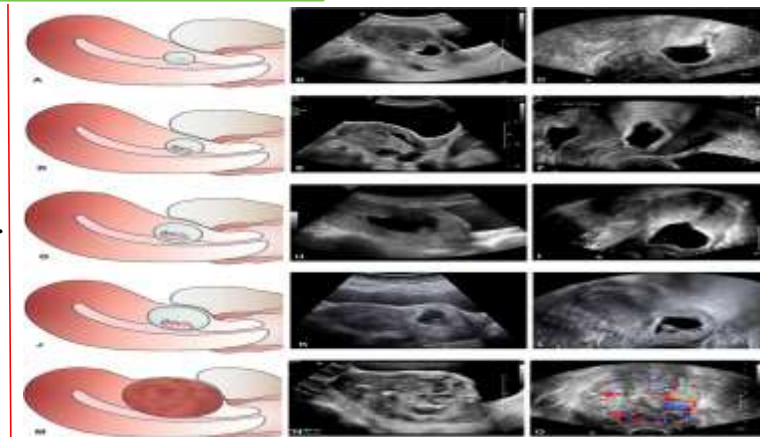
were monitored weekly until levels were ≤ 5 IU/l and USG every 4 weeks for resolution of the mass

DISCUSSION:

The successful management of CSEP by local KCl and MTX injection was first reported by Godin et al.² (1997). Michaels et al. (2015) successfully treated three cases of CSEP by intra sac KCl alone and four cases with intra sac KCl together with systemic MTX.³

Description of a classification system for caesarean scar pregnancy. A–C. *Type I* gestational sac within the caesarean scar, with anterior myometrium thickness > 3 mm D–F. *Type IIa* is defined as anterior myometrium thickness between 1 and 3 mm and diameter of the gestational sac ≤ 30 mm. G–I. *Type IIb* is defined as anterior myometrium thickness between 1 and 3 mm and gestational sac > 30 mm. J–L. In *type IIIa*, anterior myometrium thickness < 1 mm and gestational sac < 50 mm. M–O. *Type IIIb* anterior myometrium thickness < 1 mm and gestational sac > 50 mm.

CONCLUSION: Caesarean scar pregnancy is one of the rarest but most dangerous among ectopic pregnancies. It is also a diagnostic challenge. In conclusion, we have shown the possibility of treating CSEP with intra gestational sac KCl plus MTX injection. The above case was managed conservatively with good outcome.



REFERENCES

1. Fu P, Sun H, Zhang L, et al. Efficacy and safety of treatment modalities for cesarean scar pregnancy: a systematic review and network meta-analysis. *Am J Obstet Gynecol* 2024; 6(8): 101328
2. Godin PA, Bassil S, Donnez J. An ectopic pregnancy developing in a previous caesarian section scar. *Fertil Steril* 1997 ;67: 398–400.
3. Michaels AY, Washburn EE, Pocius KD, Benson CB, Doubilet PM, Carusi DA. Outcome of cesarean scar pregnancies diagnosed sonographically in the first trimester. *J Ultrasound Med* 2015;34:595–599.

ACKNOWLEDGEMENT

Thanks to DR TRUPTI NADKARNI, DR VANDANA BANSAL