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Name: Dr. Samima Hoque

Title: SCAR PREGNANCY WITH PLACENTA ACCRETA IN EARLY GESTATION: A RARE AND LIFE THREATNING CASE SCENARIO

❑ Introduction

Scar pregnancy, a rare form of ectopic pregnancy within caesarean scar tissue, presents risks like uterine rupture and haemorrhage. This case highlights a 30-year-old woman with two previous caesareans, complicated by placenta accreta. Early diagnosis through transvaginal ultrasound is critical for management. Multidisciplinary collaboration is key to optimizing outcomes. Further research is needed to refine diagnostic approaches and treatment strategies for such rare cases.

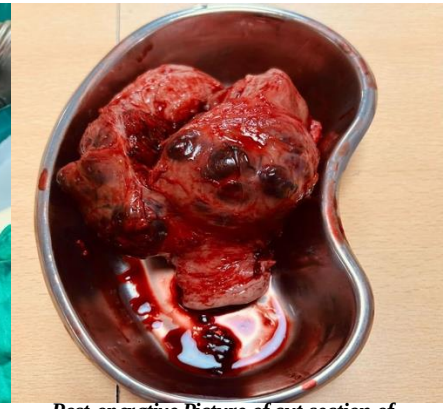
❑ Objectives

To present a rare and life-threatening case of cesarean scar pregnancy complicated by placenta accreta in early gestation, highlighting the challenges in diagnosis and management, the critical role of radiological evaluation, and the importance of a multidisciplinary approach in ensuring successful outcomes.

❑ Case Report

A 30-year-old Gravida 3, Para 2 woman presented with collapse, vaginal bleeding, and abdominal pain. She had a history of two caesarean sections and an attempted medical termination of pregnancy (MTP) at 12 weeks. A urine pregnancy test was positive, and transvaginal ultrasound indicated an incomplete miscarriage. During surgical evacuation, she experienced severe bleeding, and emergency laparotomy revealed a scar pregnancy with placenta accreta. With family consent, a total abdominal hysterectomy was performed. Postoperatively, the patient received care in the surgical ICU, including IV fluids, blood transfusions, and continuous monitoring. The case highlights the critical importance of early diagnosis, timely intervention, and multidisciplinary care in managing caesarean scar pregnancies.

Intra-operative Picture showing Placenta Accreta while performing Emergency Hysterectomy



Post-operative Picture of cut-section of Uterus showing Scar Pregnancy with Placenta Accreta

❑ Discussion

Caesarean scar pregnancy (CSP) is a rare ectopic pregnancy occurring in 1 in 1800 to 2500 caesarean deliveries, with severe risks like haemorrhage and uterine rupture. Its aetiology is linked to implantation in a dehiscent tract, often after prior uterine surgery or trauma. CSP frequently presents with nonspecific symptoms, complicating diagnosis. Transvaginal ultrasound plays a crucial role in detection, with Colour Flow Doppler and MRI used for inconclusive cases. Treatment includes methotrexate for some cases or surgical intervention to remove the gestationa mass. Due to the rarity of CSP, a multidisciplinary approach is essential for ensuring successful outcomes. This case underscores the importance of accurate diagnosis and tailored management.

❑ Conclusion

This case highlights the diagnostic and management challenges of scar pregnancies complicated by placenta accreta.

❑ References

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