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CESAREAN ECTOPIC PREGNANCY: A NEW FRONTIER IN OBSTETRIC EMERGENCIES

Introduction

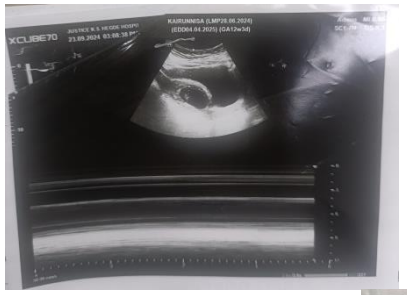
Rare locations for such pregnancies include the cervix, the interstitial section of the fallopian tube, a scar from a previous cesarean section, the uterine muscle layer, the ovary, and the peritoneal cavity. Cesarean scar ectopic pregnancies are particularly dangerous due to the high risk of complications, including vaginal or intra-abdominal bleeding, uterine rupture, and shock, all of which require urgent, life-saving intervention.

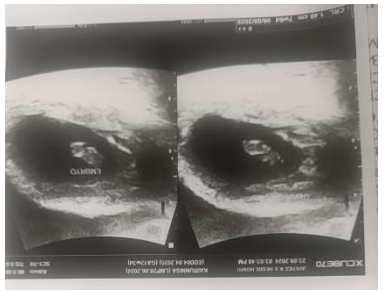
Case presentation

A 37-year-old woman, gravida 5, para 4, living 4 (G5P4L4), visited the local hospital with complaints of vaginal spotting. She had previously undergone a lower-segment cesarean section (LSCS) in her third pregnancy due to fetal distress. Her current pregnancy was confirmed through a urine pregnancy test after 50 days of amenorrhea, with a serum beta-human chorionic gonadotropin (HCG) level of 4361.9 IU/L. At another facility, a transvaginal ultrasound (TVS) performed at eleven weeks revealed a gestational sac with a yolk sac implanted in the scar from her previous LSCS. Following this finding, the patient was referred to our institution for further management.

Upon examination, she was hemodynamically stable, with normal general and systemic assessments. Both her complete blood count and basic metabolic panel were within normal limits. A three-dimensional ultrasound confirmed a cesarean scar pregnancy.

After obtaining informed consent, she was evaluated and deemed suitable for a multidose methotrexate regimen. Subsequent beta HCG levels showed a 50% decline to 2401.7 IU/L after 48 hours. The patient received methotrexate 75 mg IM on 24/09/2024. Weekly follow-ups showed a decreasing trend in HCG levels, indicating successful management. A repeat ultrasound revealed a gestational sac measuring 55 x 35 mm, with no cardiac activity noted. The patient then underwent hysteroscopy and ultrasound-guided suction and evacuation. Post-procedure, her vitals remained stable, and histopathological review revealed products of conception.





Discussion

Ectopic pregnancy is a leading cause of maternal morbidity, with the most common implantation site being the ampulla of the fallopian tube. Cesarean scar pregnancies, while rare, have become more prevalent as the rate of cesarean deliveries increases, posing unique challenges. Early diagnosis through imaging techniques like TVS is essential to prevent misdiagnosis and ensure timely intervention. In this case, we opted for conservative management with methotrexate, monitoring HCG levels closely. For this patient, as beta HCG levels remained elevated for 1 month after methotrexate injection, we proceeded with suction and evacuation under ultrasound guidance.

Conclusion

The management of cesarean scar pregnancies necessitates a tailored approach due to potential complications. Early diagnosis and intervention are critical for optimal outcomes. While surgical options are available, conservative treatments, such as methotrexate therapy, present viable alternatives, particularly for hemodynamically stable patients. Continuous monitoring and a multidisciplinary approach are vital to ensuring patient safety and preserving future fertility.