

ECTOPIC PREGNANCY IN CAESAREAN SECTION SCAR: A CASE REPORT

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INTRODUCTION

Ectopic pregnancy is defined as one that implants outside the uterine cavity, when it occurs in the cesarean section scar represents 1% of all of them. There are important risk factors such as previous surgery in the fallopian tubes, pelvic inflammatory disease, cesarean section scar among others; Ultrasound is the gold standard for diagnosis, HCG values allow diagnosis and follow-up after medical or surgical treatment.

CLINICAL CASE # 1

28-year-old patient, II pregnancy, I cesarean section, with a clinical picture of bleeding through the genitals in moderate amounts, on physical examination normotensive, moderate bleeding through the genitals, not fetid, without any other positive finding, a transvaginal ultrasound was performed showing evidence of 9-week pregnancy according to FUR, with no fetal cardiac activity, so in the event of a retained dead fetus, a uterine curettage was performed by MVA; Patient persists 12 hours later with bleeding, a transvaginal ultrasound is performed showing a thickened endometrium of 14 mm, an instrumental uterine curettage is performed, obtaining moderate ovular remains; Given the persistence of bleeding, it was decided to perform a hysteroscopy observing the presence of ovular remains that invaded the muscular layer, it was suspected of placental accreta, an ultrasound was performed, visualizing infiltration to the muscular and serous layer of the bladder, for which a total abdominal hysterectomy was proposed during the period. After surgery, the patient evolved favorably.

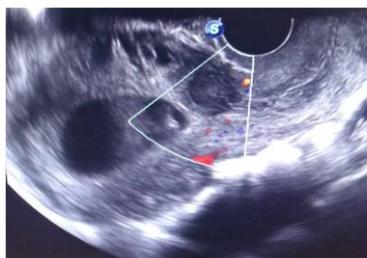


CLINICAL CASE # 2

28-year-old patient, III gesta, II previous caesarean sections, who underwent instrumental uterine curettage for incomplete abortion of a 15-week pregnancy due to URF, consulted 25 days later for persistent bleeding through genitalia, on admission patient with marked skin-mucous pale, normotensive, bleeding through the genitals in moderate quantity with non-fetid clots, admission ultrasound was performed showing uterus in AVF of 12 x 7 x 5 cm, endometrial line: 14 mm; with hyperechoic image suggestive of placental remains.

Uterine curettage was performed by MVA, obtaining moderate remains of placental appearance, an ultrasound was performed which visualized rounded hyperechoic images with defined edges of 2 x 2 cm, Doppler ultrasound was performed, observing little vascularization at the level of the anterior cesarean section scar; Given an ultrasound finding, a second uterine curettage and persistent bleeding, a hysteroscopic study is proposed to elucidate the cause of the clinical picture.

Diagnostic hysteroscopy confirms diagnostic suspicion of ectopic pregnancy in uterine scar from previous cesarean section which persisted complicated with retention of remains, part of them are extracted and the rest by MVA guided by ultrasound, procedure without complications, Initial -HCG follow-up was performed in 30.8 mIU / ml and later with a decrease until it was undetectable.



CLINICAL CASE # 3

37-year-old patient, 3rd pregnancy, 2nd cesarean section, 8 weeks pregnant due to URF, ultrasound finding showing an enlarged uterus with a gestational sac without an embryo inside, implanted in the uterine scar from a previous cesarean section, at Asymptomatic, normotensive admission, without positive findings on physical examination, patient in whom management with methotrexate regimen was established according to a two-dose schedule (MTX 60 mg intramuscular: day 1 and 4).

According to the follow-up, initial -HCG was evidenced at 2,000 mIU / ml and after the second dose of methotrexate with a -HCG value of 500 mIU / ml, medical follow-up was performed with -HCG showing decreased levels, two hysteroscopy was proposed. weeks after receiving treatment with methotrexate, the gestational sac is removed without energy and some bleeding vessels are cauterized until the cavity is free of debris. Six months later, the patient presented with a new pregnancy with normal implantation in the uterine fundus carried to term without complications



CONCLUSIONS

Hysteroscopy is a fundamental tool for the management of ectopic pregnancy caused by a cesarean section. Early diagnosis and adequate follow-up make it possible to avoid the different complications that may occur during the course of ectopic pregnancy. A detailed assessment of each case will allow the selection of the best treatment.

The socialization of rare diseases among the medical and scientific community contributes to the dissemination of knowledge and the underlying increase in the quality of care for patients with pathologies that can become life-threatening at certain times.