Variations of Caesarean scar pregnancy in practice

There were some cases of Caesarean scar pregnancy in which placenta was low, but not necessarily located in the anterior wall of uterus. Placenta in some Caesarean scar pregnancies is dominantly located in lateral wall or even posterior wall of uterus. But lateral parts of placenta extended to lateral sides of previous scar and invaded from lateral side of scar to outside of uterus. Therefore, if lowlying placenta/pregnancy is considered fewer cases of Caesarean scar pregnancy are missed. Attention on appearance of endometrium in upper part of uterus in early weeks of pregnancy is important.

In some cases it seems that with growing placenta and fetus, intrauterine pregnancy and later morbidly adherent placenta occur.

For a practical approach, scar pregnancy is divided into two groups:

A: Death scar pregnancy

B: Live scar pregnancy

In group A, nature by itself passed more than half of the way of treatment. Decision between medical or surgical management depends on the site of scar pregnancy. In group B, decision about the kind of management is a per case decision. In live extra uterine and line embedded scar pregnancy, both nonsurgical and/or surgical approaches are suggested. Management and decision in live intrauterine scar pregnancy is very obscure. It is not predictable which pregnancy reaches more than 24 weeks of gestation.