Conservative Surgical management of Caesarean scar pregnancy at 14 weeks gestation age
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Background
Caesarean scar pregnancy (CSP) is defined as an ectopic pregnancy implanted in the myometrium of a previous Caesarean section scar which is present above the level of internal os above the uterine artery. The incidence of CSP is extremely low. Although this entity is extremely rare, it can cause life-threatening complications such as uterine rupture and catastrophic haemorrhage which may relate to maternal and fetal morbidity and mortality, even at the early stage of gestation.

Case
A 26 years old patient, 14 weeks pregnant. She had three previous cesarean section. The patient was referred to Fetal Medicine Unit (CAIFM), Cairo University for confirmation of CSP. The diagnosis of CSP was confirmed by 2D and 3D images with color Doppler by Samsung SW80 ultrasound machine. The examination was done by trans-abdominal and trans-vaginal probe. The sac was implanted on the previous scar above the level of uterine artery with a posterior wall placenta. There was no myometrium covering the sac anteriorly. Then the decision was taken after a discussion between consultants of the obstetrics and gynecology department and consultants of the fetal medicine unit is a conservative surgical management of CSP.

We decided to do the management as soon as possible for fear of rupture uterus. The patient was admitted, bloods taken and abdominal MRI was done. She was counseled about that our aim is to do a conservative surgical management and may do a hysterectomy if there is life threatening bleeding to save her life. Pfannenstiel incision was done and we found what we expected by ultrasound. The gestational sac was on the previous scar. Excision of the gestational sac and trimming of the myometrium of the anterior uterine wall then suturing it in two layers with a proper hemostasis. Intraperitoneal drain was placed to ensure that there was no intraperitoneal bleeding. The drain was removed after 24 hours then she was discharged from the hospital after one day from the hospital. During routine follow up of the patient after two weeks from the surgery by trans-vaginal ultrasound in the outpatient clinic, the site of caesarian section scar looks normal with no blood collection.

Conclusion: Majority of CSPs are case reports or small case series reported in the literature, with no consensus on the preferred mode of treatment. Generally, termination of pregnancy (TOP) in the first trimester is strongly recommended, as there is a high risk of subsequent uterine rupture, massive bleeding and life-threatening complications.

Management ranges from expectant treatment, conservative medical treatment, local injection of embryocides, Conservative surgical treatment or Hysterectomy.