Introduction
Cesarean scar ectopic (CSE) is a rare complication of cesarean section, where gestational sac is implanted in myometrium at the site of previous cesarean section. This can lead to uterine rupture and intractable haemorrhage. We report 2 cases managed conservatively, who conceived later.

Case 1
- G4 with previous one caesarean section, one surgical evacuation for incomplete abortion and laparotomy for CSE with excision of ectopic sac and repair of uterus.
- Presented at 7 weeks with live CSE (Fig 1 & 2).
- She was managed with intra-sac KCL, uterine artery embolization (UAE) and 3 doses of IM methotrexate (day 0,7 and 14).
- Fig 3 shows response of HCG to treatment. HCG was negative by 12 weeks, mass resolved by week 24.
- She conceived after 1 year, delivered a live healthy baby at term by CS. Intraoperatively lower segment was intact.

Case 2
- P1L1 presented with continuous bleeding after surgical evacuation at 8 weeks gestation.
- She had a term caesarean section 2 years back.
- USG showed heterogenous mass 3x4 cm at caesarean site.
- HCG was 1400iu.
- She underwent UAE, HCG became negative after 6 weeks, mass resolved by 6 months.
- She conceived a year later. Cesarean hysterectomy was done for placenta accreta at 36 weeks, healthy baby was delivered.

Conclusion
Early diagnosis is crucial to aid conservative management and preserve fertility. A combination of methotrexate and uterine artery embolization is a useful option for conservative management Of CSE.