Recurrent Caesarean scar ectopic pregnancy treated with local and systemic methotrexate. Dragos Nemescu [1], Dan Navolan [2], Alexandru Luca [1], Alina Veduta [3], Adina Tanase [1].


Introduction
Caesarean scar pregnancy (CSP) incidence is rising due to the increasing rates of caesarean deliveries. The CSP recurrence is even rarer and sometimes cases have been reported.

Objective
Describe a recurrent CSP that was early diagnosed and managed with local and systemic methotrexate.

Results
31-yr woman. Hx - prior caesarean at term without a specific indication, followed by a secondary postpartum haemorrhage which needed an uterine revision. First CSP diagnosed at 6 weeks. β-hCG at presentation - 17500 IU/L. Treated by local methotrexate (MTX) injected by transvaginal US. Followed by a complete β-hCG in 7 days and image resolution in 14 weeks (Fig. 1).

After two years, diagnosed with recurrent CSP, also at 6 weeks. Initial serum β-hCG level was 10800 IU/L. MTX injected locally + one dose MTX systemic. Followed by a complete β-hCG resolution in 4 weeks (Fig. 2).

Trophoblastic tissue persisted and evolved at the level of the niche for about two months (Fig. 3).

Follow-up
8 months after the procedure - clean uterine niche + uterine synechia was diagnosed on 3D US (Fig. 4).

Conclusion
Uterine anomalies like Asherman syndrome could play a role in recurrence of CSP. Patients with a history of CSP should be carefully monitored early in pregnancy.