Case of combined 17 weeks’ normal pregnancy and the scar pregnancy
Teregulova L, Teregulov A., Galimova I., Khairutdinova M.
• Republican Clinical Hospital of Ministry of Health of Tatarstan Republic, Kazan, Russia

Introduction

Heterotopic pregnancies (the type of the ectopic pregnancy, which combines both intrauterine and ectopic location) are rarely found.

We present the case of combined intrauterine pregnancy and the scar pregnancy at the 17 week of gestation.

The Case

The 34-year-old patient G2P1 with cesarean scar was admitted to our hospital due to vaginal bleeding at the gestational age of 17 weeks. She had IVF with 2 embryos, 2 gestational sacs were revealed by the first ultrasound, with one sac had been situated low. On the first trimester screening only one living fetus was found, the second disappeared in low uterine segment, tumor 30 mm in diameter, similar to myoma was marked, with some blood flow.

At hospitalization ultrasound showed 17 weeks normal fetus in uterine cavity. Besides, in low uterine segment, giant tumor with high velocity AVM blood flow, protruding through uterine wall to the bladder, diameter 70 mm, was detected. So cesarean scar pregnancy (CSP) without a live embryo was diagnosed. It became obvious, that the second gestational sac did not regress, but implanted at the site of the previous caesarean section. In this way scar pregnancy developed simultaneously with the development of normal uterine pregnancy.

CSP penetrated myometrium, anterior wall of the cervix, and the bladder, forming the AVM. The CSP also lifted and distended the low pole of the normal placenta, normal placenta began to abrupt causing bleeding, partial abruption of placenta was the main reason of bleeding.

The MRI confirmed ultrasound data.

The Management

Urgent uterus-preserved surgical management was proposed to the patient. She was submitted to uterine artery embolization. The angiography showed the presence of the dramatically dilatated and distended uterine vessels because of the scar pregnancy with AVM. Uterine arteries were catheterized; 75 mg of methotrexate injected and embolized using PVA-500-710; PVA-1000-1200, PVA-700-900. Performed cystoscopy did not confirm any pathology of bladder. Patient underwent a cesarean section. The fetus and normal placenta were evacuated; embolized scar pregnancy was left at place. Outpatients surveillance had shown full regress of scar pregnancy during next 24 months. B-HCG decreased to normal level in 1 month. Now woman is preparing for next pregnancy.

Figure 1. Detachment of the lower pole of the normal placenta by scar pregnancy.

Figure 2. MRI of heterotopic twin pregnancy, white arrow shows scar pregnancy.

Figure 3. Embolized scar pregnancy 3 months after surgery.