EP17.03 Echografic aspects of Caesarean scars in non-pregnant uterus after single or multiple Caesarean sections

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INTRODUCTION

Over the last decades, an average of 21% of women in developed countries gave birth by Caesarean section (CS). Knowing that postpartum haemorrhage, pulmonary embolism, uterine rupture and abnormal placental adherence are some of the most crucial maternal complications after Caesarean delivery, we aimed to develop a study on the sonographic evaluation of the uterine scar in nonpregnant women with history of CS.

OBJECTIVE

The objective of our study was to establish an association between ultrasound parameters of the Caesarean scar in non-pregnant uterus and the number of previously performed CS.

METHOD

We developed a study during 2009 and 2016 in two tertiary care units in Bucharest: ‘St. Pantelimon’ Emergency Hospital and ‘Bucur’ Maternity. The study group included 110 nonpregnant women with history of low transverse CS with single or double layer uterine closure.

Transvaginal ultrasound was performed to establish the parameters of the Caesarean scar:
• the thickness of the tissue scar segment
• the triangular shaped anechoic scar defect.

We identified the basis of the triangle (P) and the height of the triangle (W) and we made the index thickness/basis and thickness/height of triangle.

RESULTS

The CS scar was evidenced using transvaginal ultrasound in 98,4% of the cases. In 24,4% of the cases the complete hysterotomy scar tissue was identified. An anechoic triangle identified as scar defect was observed in 75,5% of the cases (Fig. 1).

The thickness of the tissue scar segment varies with the number of CS (Table 1).

CONCLUSIONS

• The mean thickness of the scar is negatively correlated with the number of CS
• CS scar defects were more frequent in patients diagnosed with leiomyomas or tobacco consumption.