INTRODUCTION
To describe the early ultrasound diagnosis and various methods of management of Caesarean scar ectopic pregnancy (CSEP) in a semi urban referral centre in South India.

METHODS
- Site: Semi-urban referral centre in South India.
- Study period: 2015-2017
- Study type: Retrospective descriptive study.
- Diagnostic criteria for CSEP:
  - absence of intrauterine sac.
  - implantation of gestational sac in the previous LSCS scar region in the anterior myometrium.
  - no communication with endocervical canal, with or without myometrial thinning.
  - increased serum $\beta$HCG values.

RESULTS:
Number of ectopic pregnancies: 40
Number of CSEP: 6
Mean Gestational age: 7 weeks
Referral diagnosis: Low implantation, cervical ectopic, failed curettage for miscarriage.

Treatment:
- Ultrasound guided Transvaginal Mtx/ Mtx + Kcl for 5 patients.
- Hysteroscopic removal of retained products (who underwent D&C elsewhere) in 1 patient.

All 5 procedures were successful, without complications. One patient was referred after failed multiple curettage (for suspected miscarriage) with profuse bleeding. Hysteroscopic resection was performed.

CONCLUSION
- Early diagnosis and ultrasound guided management of CSEP is feasible and is safe in a low resource setting with possible preservation of fertility.
- Misdiagnosis could potentially lead to serious complications like profuse bleeding leading to hysterectomy.
Introduction

- Fetal adrenal gland responds to chronic hypoxia and labour by activation of hypothalamic axis leading to adrenal fetal zone enlargement
- Adrenal total gland volume (TGV) and fetal zone (FZ): TGV ratios have been described as potential useful predictors for preterm labour
- Adrenal gland measurements are being described as a novel marker in small for gestational age (SGA) fetuses
- We aim to assess fetal adrenal gland measurement in normal and SGA fetuses as a marker of fetal compromise

Methods

- Prospective cohort study of 50 consecutive SGA fetuses (<10th centile in EFW) and 100 controls (≥10th centile in EFW) at 17-34 weeks gestation
- Fetal adrenal gland was measured in 3 orthogonal planes sagittal (S), transverse (T) and coronal (C). Formula for TGV : S * T * C  FZ/TGV RATIO : FZ/TGV * 100
- Two operator measurements (one blinded) were combined for the analysis
- TGV and FZ/TGV were compared between the normal and SGA(EFW) groups (t test)
- ROC curves were used to assess the performance of FZ/TGV in identifying SGA

Results

- Increase in TGV and FZ/TGV ratio with gestational age in normal pregnancy
- TGV (p = 0.018) and FZ/TGV ratio (p = 0.01) were significantly higher in SGA when compared to normal pregnancy
- There is high inter-operator correlation for all adrenal measurements except for transverse fetal zone
- Antenatal FZ/TGV has a moderate ability to identify SGA fetus (AUC 0.7)

Conclusion

- Fetal adrenal TGV and FZ:TGV were significantly different in the two groups (normal growth and SGA)
- Adrenal FZ/TGV has a reasonable sensitivity and specificity for predicting SGA
- Further study in fetal growth restriction is indicated to see the value of the measurements in detecting a compromised fetus