Objective:
To compare uterine scar between cases with a technique that implicates an extra mucosal suturing of the uterus and cases with a full length suturing.

Methods:
The study included cases with the first time cesarean; from 2008 to 2018 cesarean section cases that came for the 6 weeks postpartum visit were routinely checked by ultrasound. The operator evaluated two elements in a sagittal vue using the endovaginal approach: the thickness of the uterine scar (figure) and the presence of a defect (niche) measuring it by surface in mm². The cases operated by a technique using a running suture for the full thickness uterine scar including the mucosa (group 1) were compared with cases operated by the same operator, with the same technique except that the suture was extramucosal full length (group 2).

Results:
115 cases in group 1 were compared to 126 cases in group 2. There is no significant different in age or BMI between the two groups. The results for the two groups is described in Table.
There is a statistical difference between the two techniques for the images seen in the postpartum, mainly for the niche area.

Conclusion
An extramucosal suturing of the uterus seems to give a more reassuring aspect at the postpartum ultrasound evaluation. This could be of significance for future pregnancies, aiming to decrease the risk of invasive placental problems.