

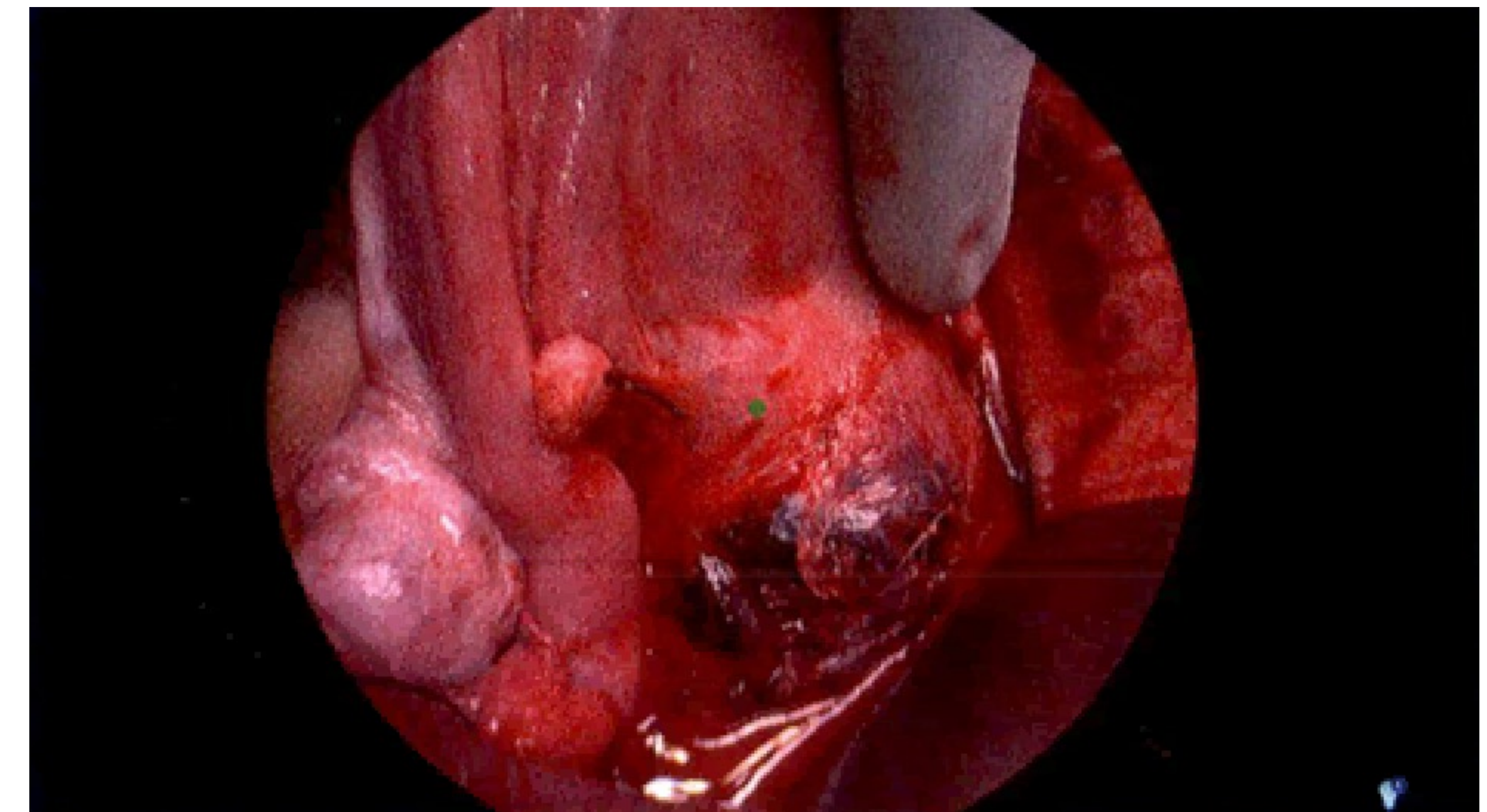
Case report – Massive haemorrhage in a case of ruptured Caesarean scar ectopic pregnancy

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Background and aim

Caesarean scar pregnancy (CSP) is a potentially life-threatening consequence following a previous caesarean delivery. The incidence (1 in 1688 to 2226 pregnancies) is increasing¹⁻³, likely as a result of increasing rates of Caesarean sections and improved diagnostic imaging. Without appropriate management, there is a risk of severe morbidity including life-threatening haemorrhage, placenta accreta spectrum, uterine rupture, hysterectomy and maternal mortality⁴.

Aim: to present a case of a category A suction D+C for presumed incomplete miscarriage, which was converted to an abdominal hysterectomy for a ruptured caesarean scar ectopic .



Case presentation

A 36-year-old, G7P4 (4 previous Caesarean sections), presented to ED with light vaginal bleeding and an open cervix on speculum examination, in the setting of missed miscarriage on ultrasound. She proceeded to have a MET call day 1 of her admission for massive vaginal bleeding and syncope.

The patient was taken to theatre for a category A suction D+C. Heavy bleeding continued during the suction and the decision was made to perform a diagnostic laparoscopy.

Results

Prior to commencement of the laparoscopy, she had a cardiac arrest and required CPR. The procedure was converted to laparotomy once the patient was stabilised. On entry, the patient was noted to have a ruptured Caesarean scar ectopic. A total abdominal hysterectomy was performed. The EBL was 4L, requiring massive transfusion (including 8u PRBCs and 2 bags of platelets).

Histopathology confirmed a Caesarean scar ectopic pregnancy.

Discussion

- With the rising rates of Caesarean sections, the differential diagnosis of caesarean scar ectopic should be considered in those with a positive pregnancy test and a previous Caesarean delivery.
- Early diagnosis and management is pertinent to reduce the risk of maternal morbidity and mortality.
- In addition, early diagnosis offers alternative treatment options that preserve the uterus and future fertility.

References

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