A case report: Heterotopic caesarean scar pregnancy

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Background

A heterotopic pregnancy is a rare concurrent intrauterine and extrauterine pregnancy. The most common location of the extrauterine ectopic pregnancy is in the fallopian tube but it can occur in the cervix, ovary, previous caesarean scar or even in the abdomen.

This case describes a spontaneously resolving heterotopic caesarean scar pregnancy (HCSP) resulting in a viable intrauterine pregnancy delivered at term.

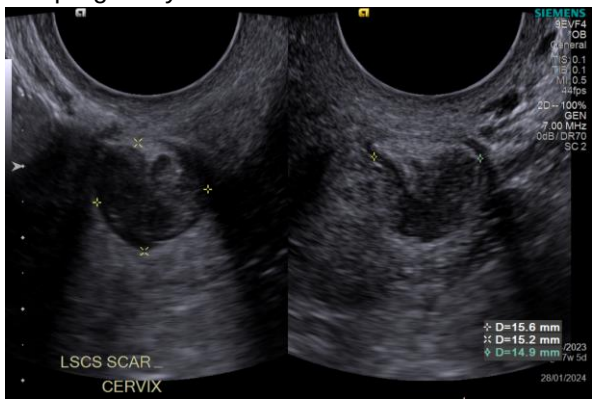

Figure 1. Transvaginal ultrasound. Complex avascular structure within the caesarean scar measuring 15x15x15mm. No definite yolk sac or embryo seen in this structure

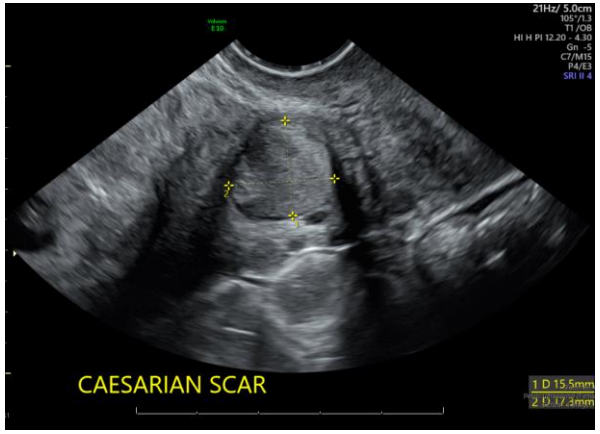

Figure 2: Transvaginal Ultrasound. Caesarean scar lesion measuring 16x12x17mm. Lesion becoming less cystic and more solid.

Case

A 28-year-old woman, gravida 2 para 1, presented to the emergency department with lower abdominal pain. She had a serum bHCG of 1084 and pelvic ultrasound demonstrated findings consistent with a pregnancy of unknown location. A repeat ultrasound 5 days later (bHCG 5669) demonstrated an intrauterine gestational sac with no fetal pole.

A further ultrasound scan performed 13 days later confirmed a viable intrauterine pregnancy (IUP) of 6 weeks and revealed a complex avascular structure within the caesarean scar (figure 1). A follow up scan organised 3 days reported this lesion favoured a failed caesarean scar ectopic (figure 2).

The caesarean scar ectopic was noted once again at the nuchal scan (figure 3) with a small yolk sac and embryo without cardiac activity (figure 4).

Morphology scan demonstrated normal anatomy of the IUP but no comment was made regarding the caesarean scar ectopic. A 24 week scan demonstrated an ongoing IUP with no residual lesion at the caesarean scar and so the impression was the ectopic had spontaneously resolved.

Patient underwent an uncomplicated elective repeat caesarean section at 37+3 with a healthy live born male infant.

Discussion

HCSP are rare, confirming diagnosis was difficult in this case which required the patient to undergo multiple transabdominal and transvaginal scans. It also required the expertise of multiple senior sonographers and gynaecological ultrasound specialists.

There is a lack of evidence to guide management for HCSP. It was fortunate that the caesarean scar ectopic in this case spontaneously resolved without any intervention and a healthy male infant was delivered via caesarean section.

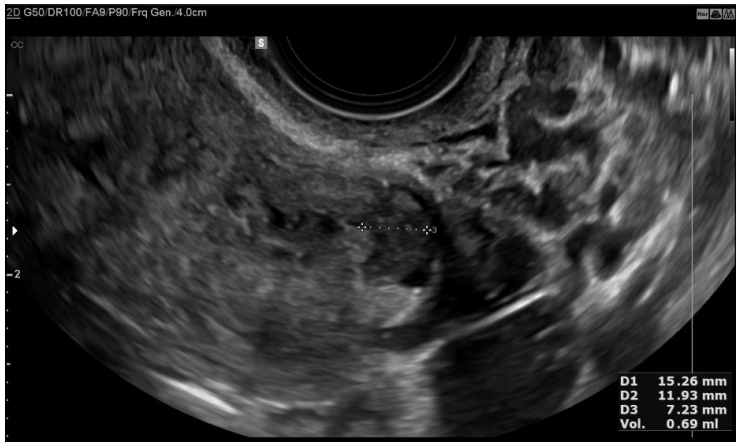

Figure 3. Transvaginal ultrasound. Caesarean scar ectopic measuring 15x12x7mm

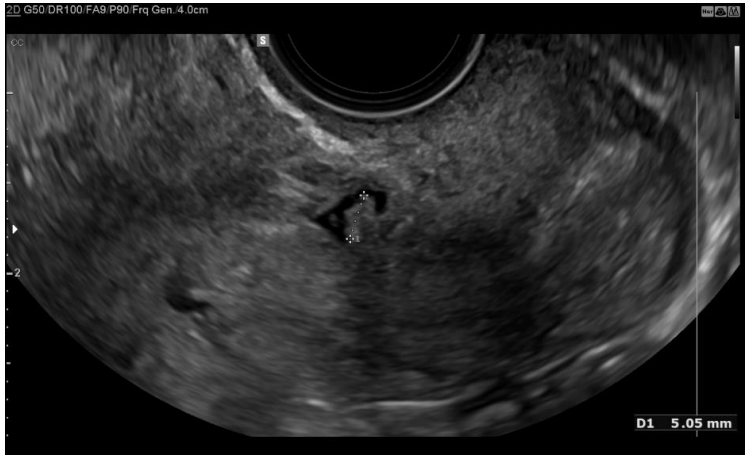

Figure 4. Transvaginal ultrasound. Embryo within caesarean scar ectopic.

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