Early Diagnosis Of Caesarean Scar Pregnancy: Learnings From An Elective Surgical Suction Termination Resulting In A Gravid Hysterectomy.

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Background

Caesarean scar pregnancies (CSP) affect 1 in 2000 pregnancies. CSP is associated with first or second trimester uterine rupture in 9 - 13.4% of cases. Type 1 CSP involves implantation on a well healed caesarean scar. Type 2 CSP implants within a scar defect or 'niche' with increased risk of scar rupture and major postpartum haemorrhage.

Aims

This report discusses a case of massive haemorrhage and gravid hysterectomy during a surgical termination. Retrospective external imaging showed features diagnostic of a Type 2 CSP. Imaging principles for CSP and placenta accreta spectrum overlap will be discussed.

Case

A 39 year old woman, with two previous caesarean, underwent surgical termination by dilate and curette at 10 weeks gestation following failed medical termination of an intrauterine pregnancy, diagnosed on outpatient scan. Routine preparations were performed, brisk bleeding with suction evacuation was not responsive to medical and surgical management. An emergency gravid-hysterectomy and fulminant intraoperative resuscitation were performed. Features of accreta were present on histopathology.

Discussion

Identifying CSP in the first instance allows appropriate counselling, treatment and improves outcomes. Ultrasound prior to 7 weeks should include myometrial thickness at implantation site and a gestational sac location. A sac distal to the uterus midpoint is both sensitive and specific for diagnosis. In a retrospective comparison of histopathology from 37 CSP and 21 Placenta Accreta Spectrum cases, pathologists reported identical histopathology for both [1]. The overlap of these two implantation spectrum's requires further research, especially given increasing prevalence of CSP. Ultrasonographic consideration of CSP is essential to appropriate detection and management.

References
1. Timor-Tritsch IE, Monteagudo A, Cali G, et al. Ceasarean scar pregnancy and early placenta accreta share common histology. Journal of Ultrasound Obstetric Gynaecology. 2014; 43 (4): 383-395. Doi: 10.1002/uog.13282

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