

A Case of Complete Uterine Scar Dehiscence

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Introduction

Heterotopic pregnancy is defined as the presence of multiple gestations, one being intrauterine and another outside the uterus. It is a rare condition, reportedly occurring in less than 1 in 30000 pregnancies¹. It can be life-threatening as the diagnosis is easily missed.

Case Report

A 35-year-old G7P1M5 had a positive pregnancy test, with a corresponding quantitative bHCG of 320. She had an ultrasound the following day showing a single intrauterine pregnancy with a crown-rump length of 9mm (corresponding to 8+1 weeks gestation) and no fetal heart rate, and was given the diagnosis of missed miscarriage. She subsequently had a spontaneous abortion, with ultrasound 10 days later showing an empty uterine cavity.

Despite confirmed miscarriage, the patient continued to have a rising bHCG level. On the day following her repeat ultrasound, bHCG was 1300. This was repeated 48 hours later, rising to 1478. She was referred to the Emergency Department by her General Practitioner at this point. An ultrasound was performed which showed a left adnexal mass measuring 19x19x14mm, suggestive of ectopic pregnancy, with a normal appearing uterus.

Management options were discussed, and the patient opted for repeat bHCG in 48 hours, which was 1681. At this point, she was experiencing lower abdominal pain and vaginal bleeding, and she was admitted to hospital for monitoring and discussion of management options. Her pain acutely worsened, and she was booked for emergency surgery.

Date	bHCG
16/12	320
19/12	480
28/12	1300
30/12	1478
1/01	1681

Figure 1: bHCG trend following US confirmed miscarriage



Figure 2: Repeat US showing a left adnexal mass 19x19x14mm, suspicious for ectopic pregnancy

Results

The patient underwent emergency laparoscopy. Intra-operative findings revealed a ruptured left tubal ectopic pregnancy with a small volume haemoperitoneum. An uncomplicated salpingectomy was performed, and it was ensured that there was no instrumentation of the uterus. Histopathology confirmed the diagnosis. Given the unknown status of the intrauterine pregnancy, the patient was followed up two weeks later with a urine bHCG, which showed a negative result.



Figure 3: Intra-operative image of Left tubal ectopic pregnancy and evidence of rupture

Discussion

Monitoring bHCG trend post miscarriage was vital in this diagnosis. It highlights the importance of vigilance in considering the rare diagnosis of heterotopic pregnancy, and also investigating persistent pain or other suspicious symptoms despite having a diagnosed failed intrauterine pregnancy.