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Life threatening acute abdomen with ruptured caesarean scar pregnancy: Surgical management with preservation of uterus

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Abstract
A 32 years woman with previous 2 caesarean section presented to emergency department at late evening hours feeling unwell, dizziness and acute abdomen with unstable observations to a district general university hospital in London. After initial resuscitation she was diagnosed to have ruptured caesarean scar ectopic pregnancy with active bleeding and haemo-peritoneum. Patient had emergency laparotomy and repair of defect in the anterior uterine wall and conserved uterus with successful post op recovery.

Keywords: Threatening, abdomen, caesarean, pregnancy, management

Introduction
Caesarean scar pregnancy (CSP) is a rare condition with incidence 1/2000-1/8000 pregnancy but the incidence has increased over past decade. The increased incidence can be attributed to better diagnostic scans in early pregnancy and also to increased number of deliveries by caesarean section world-wide. Caesarean scar pregnancy is managed surgically or medically however there is no general consensus for treatment of CSPs. However, early recognition, diagnosis and treatment are clearly important to prevent possible catastrophic consequences such as uterine rupture, hysterectomy and mortality.

Case presentation:

A 32 years Caucasian woman with previous 2 caesarean section presented to emergency department with feeling unwell, fainting episode and sharp abdominal pain for 1 day. She was also experiencing continuous vaginal bleeding which started 3 weeks back. She had medical termination of pregnancy 3 months back following which she had bleeding for few days. Her pregnancy test was negative and serum beta HCG on admission was 19 IU/ml. Fast scan in emergency department showed free fluid in the abdomen.

A CT scan for abdomen and pelvis was performed which showed likely rupture of anterior uterine wall at the level of caesarean section scar with hematoma and features of active bleeding from uterus and hemoperitoneum.

The patient was counselled and was prepared for emergency surgery. Patient being unstable with blood pressure of 80/50 with resuscitation underwent emergency laparotomy.

Intraoperatively findings confirmed the rupture of hysterotomy scar on the left side of anterior wall with pregnancy tissue and active bleeding, left tube was found bleeding and adherent to the pregnancy tissue. Ruptured scar was opened and the pregnancy tissue was removed completely, uterine rupture was repaired after confirming empty uterine cavity along with left salpingectomy due severe damage. Patient had haemoperitoneum of 1.5 litres and was transfused 1unit Packed Red Blood Cell and 350ml of cell salvage.

She was counselled extensively with regard to the risk of recurrence of CSP, uterine rupture and dehiscence and placenta accreta for future pregnancies along with contraceptive advice.

Review of literature
Awareness of this condition, early diagnosis and treatment are essential to reduce maternal morbidity and mortality from this rare condition. Diagnosis and management of CSP needs considerable expertise and a multidisciplinary approach to prevent complications. Increasing CS rates imply that clinicians will encounter CSP from time to time.

Current literature shows a wide extent of treatment modalities of CSPs, ranging from medical management with methotrexate, surgical management with ultrasound guided evacuation, hysteroscopic evacuation, laparoscopic resection and Laparotomy with hysterectomy. A minimally invasive method is also described which includes ultrasound guided intralesional methotrexate or potassium chloride and uterine artery embolisation. In the event of severe haemorrhage or haemodynamic instability, conversion to laparotomy is the choice of management. This case highlights management of unstable patient with ruptured caesarean scar pregnancy with conservation of uterus. Currently in the absence of the standardised treatment for CSP accurate diagnosis of CSP and individualised treatment and follow up are required to reduce overall morbidity.

Conclusion

Caesarean scar pregnancy (CSP) is a rare but increasingly recognized condition, likely due to improvements in diagnostic capabilities and rising rates of caesarean sections worldwide. The case presented underscores the critical importance of early recognition, diagnosis, and prompt intervention to avert potentially catastrophic consequences such as uterine rupture, hysterectomy, and even mortality. While various treatment modalities exist for CSP, including both surgical and medical approaches, there is currently no consensus on the optimal management strategy. This case demonstrates successful management of a critically unstable patient with ruptured CSP, emphasizing the importance of a multidisciplinary approach and tailored treatment plans to mitigate maternal morbidity and mortality. Moving forward, individualized diagnosis, treatment, and follow-up are essential until standardized protocols for CSP management are established to reduce overall morbidity associated with this condition.

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References

1. Jurkovic D, Knez J, Appiah A, *et al*. Surgical treatment of Cesarean scar ectopic pregnancy: efficacy and safety of ultrasound-guided suction curettage. Ultrasound Obstet Gynecol 2016;47:511. DOI:10.1002/uog.15857
2. Timor-Tritsch IE, Monteagudo A. Unforeseen consequences of the increasing rate of cesarean deliveries: early placenta accreta and cesarean scar pregnancy. A review. Am J Obstet Gynecol 2012;207:14-29. doi:10.1016/j.ajog.2012.03.007
3. Drever N, Bertolone J, Shawki M, *et al*. Caesarean scar ectopic pregnancy: experience from an Australian tertiary centre. Aust N Z J Obstet Gynaecol 2020;60:330-5.doi:10.1111/ajo.13119
4. Majangara R, Madziyire MG, Verenga C, *et al.* Cesarean section scar ectopic pregnancy - a management conundrum: a case report. J Med Case Rep. 2019;13:137. doi:10.1186/s13256-019-2069-9pmid:http://www.ncbi.nlm.nih.gov/pubmed/3107241.
5. Roche C, McDonnell R, Tucker P, *et al*. Caesarean scar ectopic pregnancy: Evolution from medical to surgical management. Aust N Z J Obstet Gynaecol; c2020.
6. Ahmadi F, Haghighi H, Niknejadi M. Ectopic pregnancy in cesarean section scar: A case report. Int. J Fertil Steril. 2010;4:140-142.

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