

SCAR ECTOPIC PREGNANCY

Case Discussion

My patient 27 year old female

- **Gravida 4 Para 2 Living 2 Abortion 1 with previous 2 LSCS with 2 months of amenorrhea with UPT positive at home.**
- **First visit in current pregnancy to DY Patil hospital**
- **LMP:11/05/2022**
- **According to which POG was 11.2WKS**
- **There were No other complaints**

Menstrual history

- Age at menarche:14 years
- Menstrual cycles : regular
- LMP:11/05/2022

Marital history

- Married life:8 years
- Non consanguineous marriage

Past obstetric history

P1L1- 7 years MCH / LSCS i/v/o oligohydramnios / 2kg

A1-4 moa / 5 years back/ MTP by D&E done i/v/o missed abortion

P2L2- 4 years FCH / LSCS i/v/o previous LSCS / 3.7kg

G4-PPSC

Past history

Personal history

• **Not significant**

Family history

General Examination

- **Comfortable at rest.**
- **Well built, adequately nourished .**
- **Height - 160cm**
- **Weight - 60kg**
- **BMI : 23.5 kg/m²**
- **Temperature – Afebrile**
- **Pulse - 78bpm. Regular**
- **RR - 18 cycles/min**
- **BP - 130/80mmHg**
- **Thyroid and breast examination normal.**
- **No signs of pallor, icterus, clubbing, lymphadenopathy.**

Systemic examination

- **CVS : S1 and S2 heard. No added sounds or murmurs heard.**
- **RS : Bilateral air entry equal. Normal vesicular breath sounds heard.**
- **CNS : Normal**

Dietary history

**By 24 hour re call method patient calorie intake was about 2600 K Cal/day
protein intake was about 55g/day which was adequate.**

Gynae examination

- **Per abdomen –**
- **Soft & non-tender**
- **No scar tenderness**

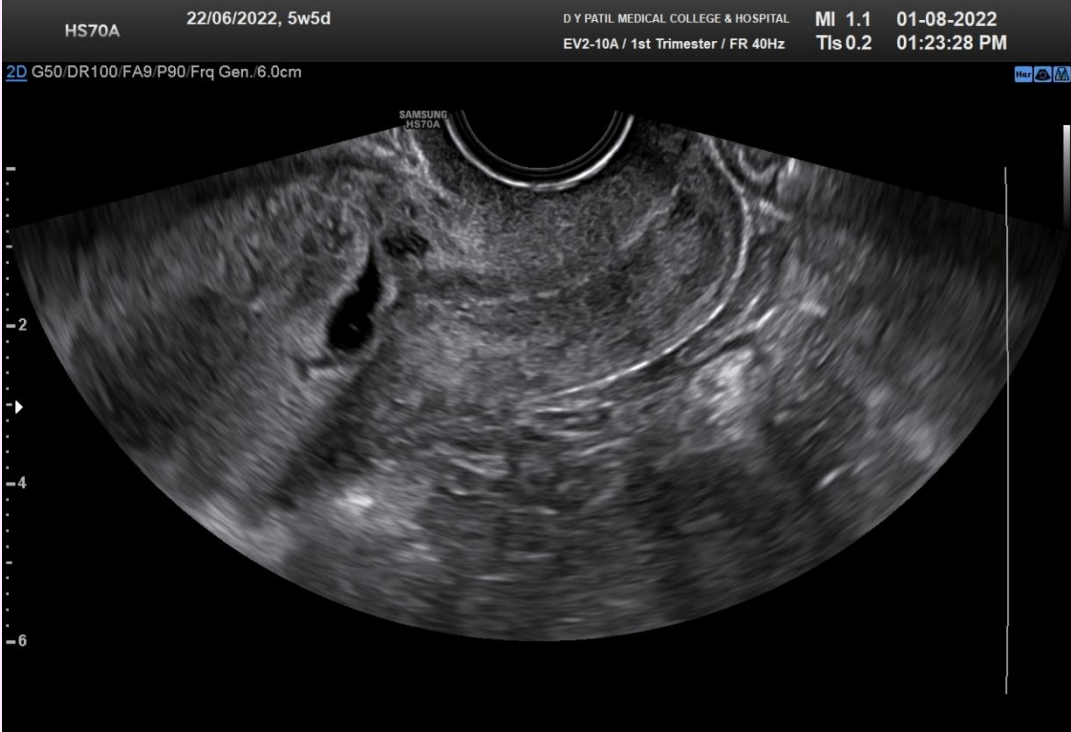
Pelvic examination

**Per speculum – Cervix & Vagina
Healthy**

Per Vaginal – Uterus Normal size

Anteverted

**Bilateral fornices free,
Nontender**

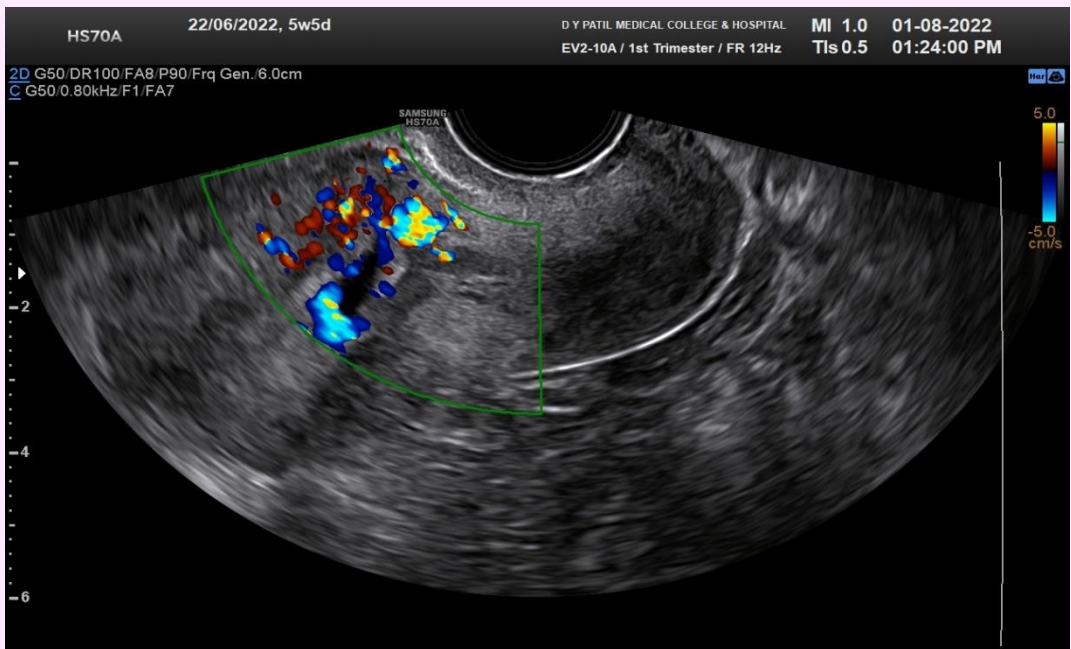


- Ultrasound examination revealed –
single gestational sac in the lower uterine segment at the region of previous caesarean scar

extending into anterior myometrial wall with surrounding increased vascularity and decidual reaction, *suggestive of scar ectopic pregnancy*

Fetal pole and yolk sac were not visualized on the scan

Mean Gestational sac measuring 9.9m, corresponding to 5.5 wks



HS70A

22/06/2022, 5w5d

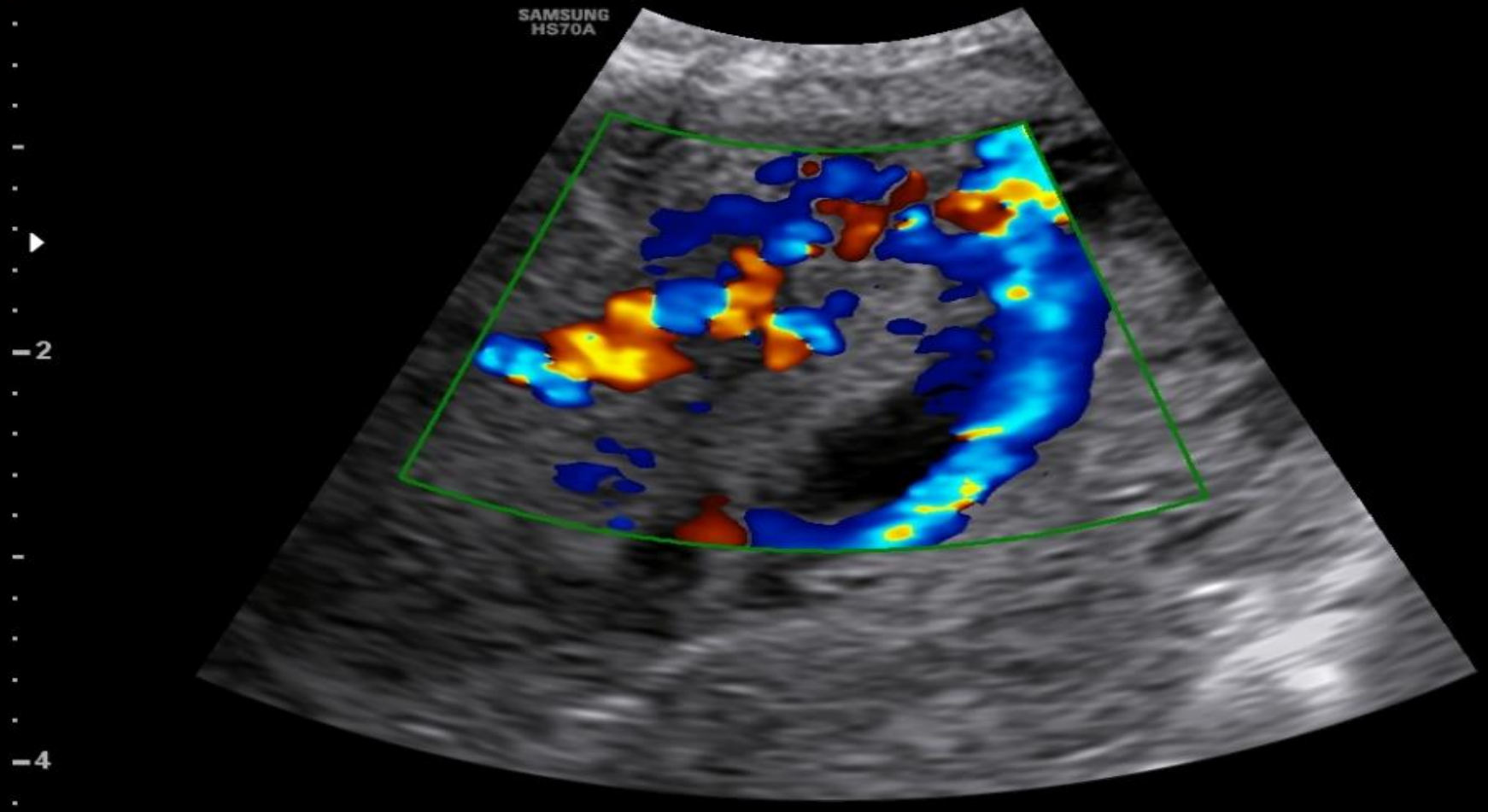
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EV2-10A / 1st Trimester / FR 17Hz

MI 1.0
TIs 0.7

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2D G50/DR100/FA8/P90/Frq Gen./3.7cm
C G50/0.80kHz/F1/FA7

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HS70A

22/06/2022, 5w5d

D Y PATIL MEDICAL COLLEGE & HOSPITAL

MI 1.1

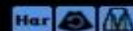
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EV2-10A / 1st Trimester / FR 40Hz

TIs 0.2

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2D G50/DR100/FA9/P90/Frq Gen./6.0cm



SAMSUNG
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Diagnosis

- **G4P2L2A1 With previous 2 LSCS BD - 11.2wks BU1 – 5.5wk with USG suggestive of scar ectopic pregnancy.**

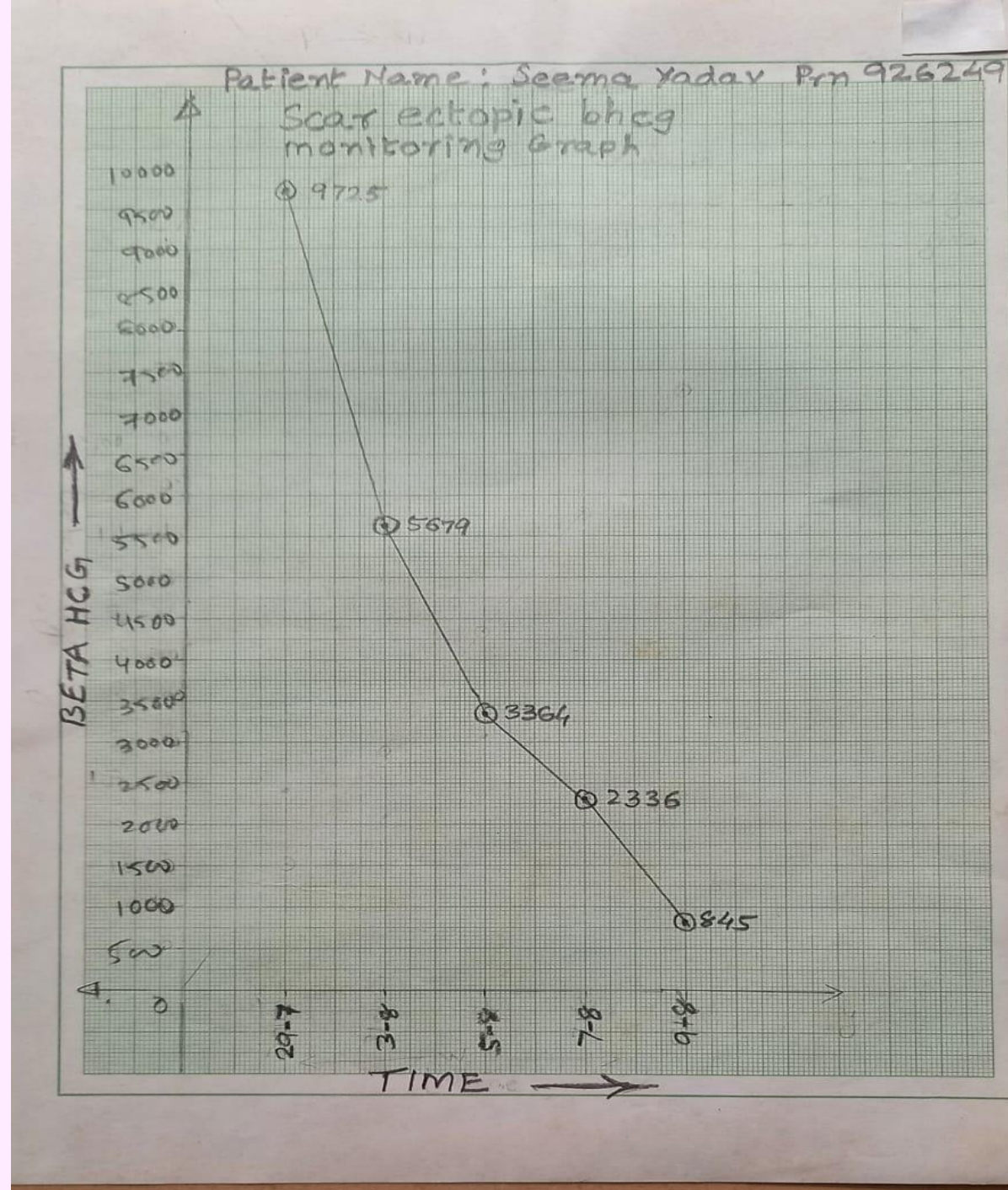
What Next!!!!!!

Medical management or Surgical Management

β -hCG 9725mIU/ml

COURSE OF TREATMENT

- All routine investigations were within normal limits.
- She was managed medically with single dose Inj. Methotrexate 1mg/kg body weight, Intramuscularly.
- After that Serial β -hCG monitoring was done
- β -hCG was 9725mIU/ml. β -hCG was repeated every 48 hours along with TVS.
- After 2 days repeat β -hCG was 5679mIU/ml.
- The third test following 48 hours was 3364mIU/ml.
- Repeated fourth test following 2 days was 2336mIU/ml.
- Throughout it showed a decreasing trend and was 845mIU/ml on Day 10.



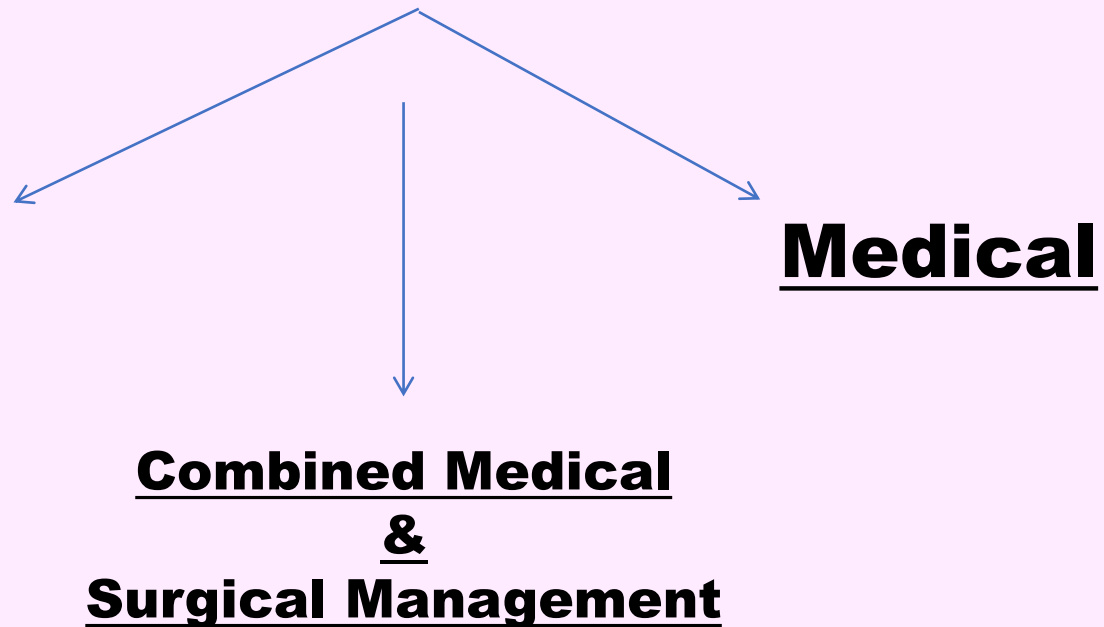
- **Patient got discharged on Day 12 with β -hCG value of 400 mIU/ml.**

Discussion

- **If the pregnancy continues substantially has a higher risk of**
 - **Uterine Perforation –Bladder invasion !!**
 - **Placenta Previa—Placenta Acreta—Placenta Percreta**
 - **Long term complication Uterine Arteriovenous malformation**

Horrors in Obstetricians life...

Management options



- **Hysteroscopic Evacuation of pregnancy**
- **Laparoscopic Scar excision & Repair**
- **Hysterectomy**

Management Standards are Lacking

- It Was Miracle for us that Our patient was managed Conservatively with Single Shot of Inj.Methotraxate
- Aim For Us To provide **Least MORBIDITY**

For Prevention of recurrence we counselled couple regarding **Contraception**

- Temporary Method –COC
- Permanent Method – Vasectomy

(Husband of Our patient underwent –Which was another success to our complete management)

Take Home Message

Increasing Incidence of Scar ectopic-----C-section

Our FOCUS should be

- **Decrease Numbers of C-section**
- **In-turn Incidence Scar will decrease**
- **Ultimately Scar Ectopic will Decrease**

Thank you.