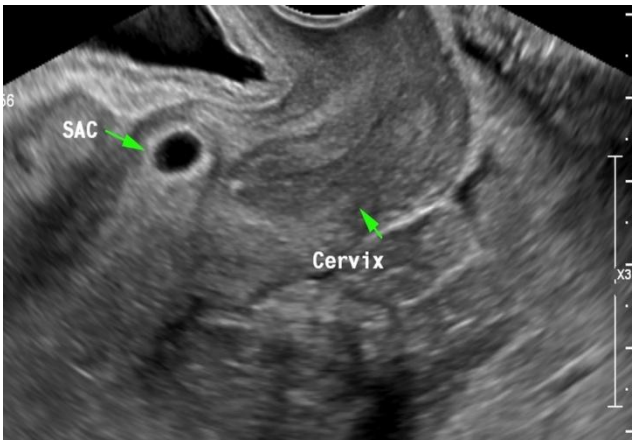
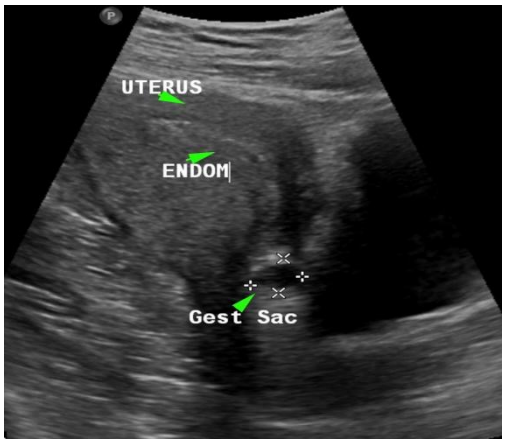
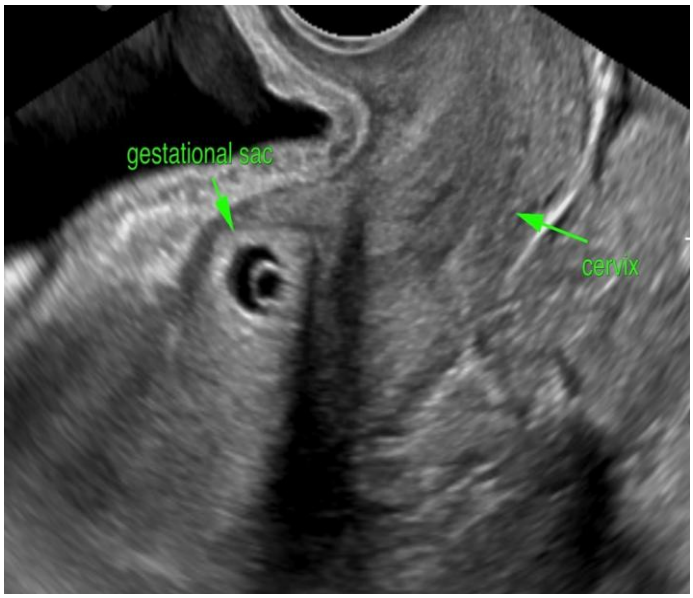
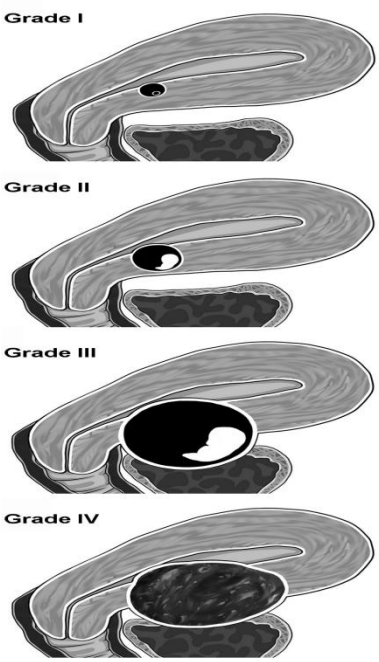
CAESAREAN SCAR ECTOPIC PREGNANCY-USG EVALUATION

29 year old female came with history of pain in lower abdomen with positive pregnancy test. This was her second pregnancy. Previous child delivered by caesarean section.









Imaging findings:

Single gestational sac implanted in anterior part of lower uterine myometrium. Overlying myometrium appears thinned out and measures 0.3cm in thickness.
Yolk sac is noted within the gestational sac with focal area of thickening adjacent to it; which probably represents developing foetal pole.

Impression: Caesarean scar ectopic pregnancy-Grade II.

Radiance Diagnostics
Dona Paula: Harmony, Ground Floor, Bella Vista Colony, Opp. Cidade de Goa. T: (0832) 245 2455 / 245 2488 M: 88888 62445
Mapusa: E-Boshan, Ground Floor, Opp Bodgeshwar Temple, Mapusa-Calangute Road. T: (0832) 225 4545 / 225 2727 M: 83800 82455
Vasco: Umiya Quatro A, Ground Floor, Near Goa International Airport, Dabolim. M: 95270 22221
Helpline: 8308825445 E: info@radiancediagnostics.in W: www.radiancediagnostics.in

Discussion:

Caesarean scar pregnancy (CSP) is a rare form of ectopic pregnancy in which the gestational sac (GS) implanted inside the previous caesarean scar. Incidence of CSP ranges widely from 1/800 to 1/2500.

CSP is classified as endogenic and exogenic types. The endogenic type occurs when the CSP progressed into either the cervico-isthmic region or endometrial cavity. The exogenic type denotes deep implantation of CSP with progression towards the overlying myometrium.

Recent **new ultrasound grading system** of CSP is as follows:

1. Grade I CSP indicated the GS embedded in less than one-half thickness of the lower anterior corpus;
2. Grade II CSP represented the GS extended to more than one-half thickness of overlying myometrium.
3. Grade III CSP implied the GS bulged out of the caesarean scar; and
4. Grade IV CSP denoted that GS became an amorphous tumor with rich vascularity at the caesarean scar.

Management:

Treatment options for CSP can be medical or surgical. The management plans are based on the gestational age, embryo viability, evidence of myometrial deficiency, and clinical symptoms at presentation.

Management options include the following:

- Conservative treatment with local or systemically administered methotrexate.
- Surgical treatment includes excision of the gestational tissues by laparoscopy, hysterotomy, or hysterectomy.
- Other treatment choices include dilatation and curettage, transcervical resection by hysteroscopy, uterine artery embolization, uterine artery chemoembolization or, recently, placement of a double-balloon catheter.

Regards,

Dr.Deepa S. Nadkarni / Dr.Shaikh M.Mazhar

N.B: This case is authentic and from the archives of **Radiance Diagnostics**. For any queries/suggestions/feedback write to us at radiance@radiancediagnostics.in . Case of the month can also be accessed anytime online at **VIEW BOX** at **www.radiancediagnostics.in**