



A CASE OF CESAREAN SCAR ECTOPIC MOLAR PREGNANCY SRIDEVI R RAJENDRAN

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Abstract : A Cesarean Scar ectopic pregnancy is a rare type that get implanted in cesarean scar. Incidence is 1 in 1800-2200 pregnancy. Because of increasing cesarean sections brought to light Such rare complications. If early diagnosis issued the women future fertility and her life Endangered due to life threatening complication uterine rupture and haemorrhage. 35 yr G6P3L3A2 previous 3 LSCS referred to our hospital with 6 wks gestation attempted medical abortion trans vaginal USG revealed empty uterine cavity with gestation sac with yolk sac and cardiac activity in anterior myometrium in scar area .Managed with laparotomy and evacuation of sac .Histopathology revealed partial mole . Serum Beta HCG gradually declined on follow up period.We report the case to accumulate experience to improve understanding of the condition and for appropriate treatment plan. We present a case of molar pregnancy near cesarean scar.

Keyword : " Scar Ectopic" Partialmole" BetaHCG"
Introduction.

Review of literature revealed only few cases of ectopic molar in caesarean scar . The Incidence Molar pregnancy is 1 in1945[complete mole] and 1 in695 [partial mole] hence molar pregnancy at cesarean scar is very low. It is believed to be the result of presence of microscopic tract in scar allowing blastocyst to be implanted deep in myometrium. Diagnosis is based on suspicion when gestation sac seen at USG implanted anteriorly on lower uterine segment near scar in women with previous caesarean section.

Case presentation.

35 yr old G6P3L3A2 was referred to ur department with 6 wk gestation and attempted medical abortion with tab mifepristone and misoprostol . Her obstretic history three caesarean and one induced abortion and one missed abortion for which underwent evacuation.

Patient presented with light bleeding and vomiting.Abdominal examination revealed soft and no rebound tenderness or muscle guarding. Vaginal examination revealed enlarged uterus of 6 wks slightly tender Cervical os closed and no bleeding.

Her general condition and vitals stable.

Transabdominal and trans vaginal USG done revealed enlarged uterus and empty uterine cavity and gestation sac 6wk with fetal pole and cardiac activity in the anterior myometrium in scar area and the anterior myometrium thinned out in scar area measuring 5mm thickness.

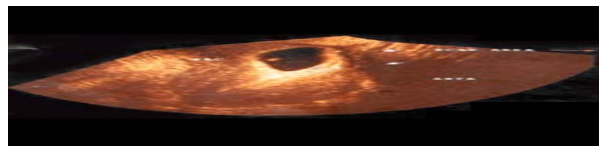
Both adnexa normal and no fluid in cul de sac.

With these USG criteria ectopic in scar site considered and mother counselled treatment options and she preferred surgical treatment with sterilisation.

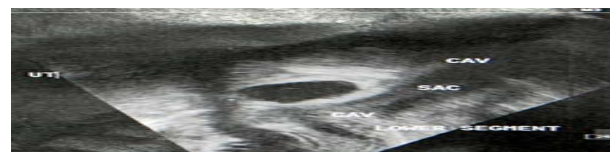
Proceeded to laparotomy .An incision made in the lower portion of uterus sac seen bulging and with thinned out uterine wall anteriorly at scar site Entire products of conceptus evacuated .Bilateral sterilisation done on patient request. By modified pomerooy technique. Perfect hemostasis secured.

The estimated bld loss less than 500 ml and there was no need for blood transfusion.Specimen sent for histopathological examination.

Patient treated with high antibiotics.



Transvaginal USG showed fetal pole with cardiac activity in the gestational sac in the anterior myometrium in the scar area.Myometrium thinned measu



Transvaginal USG showed Sac near scar area



per operative picture showing gestational sac bulging at the incisional site



Histopathology showing focal swelling and varying size of villi, focal trophoblastic hyperplasia

DISCUSSION

The signs and symptoms of molar ectopic pregnancy are similar to nonmolar ectopic pregnancy. In most cases of partial mole clinical and USG diagnosis are missed or incomplete abortion. This is due to increased use of ultrasound in early pregnancy.

Patients with partial mole do not exhibit excess uterine size, theca lutein cysts, toxemia or hyperthyroidism.

Owing to lack of clinical suspicion and subtle or focal pathological changes in placenta, they are often underdiagnosed.

Molar pregnancy in scar may lead to life-threatening haemorrhage, uterine rupture, even hysterectomy.

Risk factors are maternal age, history of molar pregnancy, smoking, and alcohol. Risk factor is maternal age in this patient.

An important characteristic of molar pregnancy is its ability to produce HCG. Hence quantitative HCG is needed for possibility of mole and for follow up.

High resolution USG including Doppler flow to assess location, gestation age, size, and viability of mole.

Natural history of abnormal implantation is unclear. It may result from pregnancy growing toward uterine cavity and losses vascular connections causing spontaneous abortion, or may grow near term gaining strong vascular connections ending in low-lying adherent placenta. If sac grows away from uterine cavity, it pushes bladder, may result in scar pregnancy. This abnormal pregnancy cannot continue till term, ends in rupture and massive haemorrhage.

USG CRITERIA FOR SCAR PREGNANCY

1. Empty uterus and cervical canal
2. Development of sac in anterior part of uterus near scar
3. Absent or diminished myometrium layer between bladder and sac. Together with USG and high index of suspicion, we can differentiate scar ectopic from cervico-isthmic pregnancy.

Differentiating points are

1. Absence of healthy uterine tissue between sac and bladder
2. Absence of sliding organ sign defined as inability to displace gestation sac from its position at the level of internal os using gentle pressure by TVS probe.

Due to lack of data, no treatment modality can guarantee uterine integrity. Treatment may be suction evacuation or surgical evacuation by laparotomy.

However, methotrexate could be used as conservative management. Suction evacuation may result in excessive bleeding and scar dehiscence.

Treatment must be individualised according to sac size, fetal heart activity, desire for future fertility due to lack of available data.

Partial mole is a less virulent form of molar pregnancy. Malignant sequelae following evacuation of partial mole is 2.9%.

The patient was followed with serial beta HCG which showed declining values.

This patient was registered in molar registry and she is under our follow up.

Molar pregnancy in caesarean scar could lead to uterine rupture or bleeding and could endanger patient life. A high level of suspicion and high quality USG could enable early diagnosis.

The appropriate treatment for these cases is not clear.

References

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