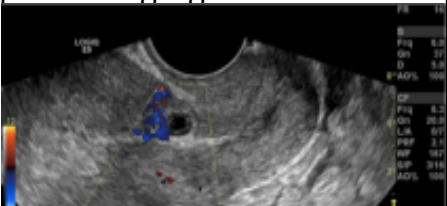

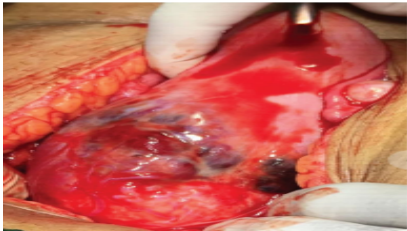


| INTRODUCTION | CASE REPORT | | MANAGEMENT | OUTCOME |
|--|--|--|---|--|
| <p>Caesarean scar ectopic pregnancy is a rare but potentially life-threatening type of ectopic pregnancy where the gestational sac implants within the scar tissue of a previous Caesarean section. It represents a growing clinical concern due to the rising global rates of Caesarean deliveries.</p> <p>It accounts for 0.15% of all pregnancies and 6% of ectopic pregnancies in women with a history of Caesarean delivery</p> <p>The pathophysiology of CSP involves the implantation of the embryo into the myometrium at the site of the Caesarean scar, often due to defective healing of the uterine incision. Risk factors include a history of multiple Caesarean sections, previous uterine surgeries, and in vitro fertilization (IVF).</p> | <p>PRESENT COMPLAINT : A 32-year-old female, gravida 3, para 1, living 1, abortion 1 with previous LSCS with 9 weeks period of gestation presented with mild lower abdominal pain and intermittent vaginal spotting .She had a history of one Caesarean section five years ago and one spontaneous abortion managed conservatively.</p> <p>ON EXAMINATION General Examination: The patient was hemodynamically stable with a pulse rate of 84 bpm, blood pressure of 118/76 mmHg, and no signs of pallor. Abdominal Examination: Mild tenderness was noted in the lower abdomen, but there was no guarding or rigidity. Speculum Examination: Minimal dark brown vaginal spotting was observed, with no active bleeding. Bimanual Examination: The uterus was slightly enlarged , mobile, soft , mild tenderness present , Bilateral fornix free. Cervical os was closed.</p> <p>INVESTIGATION Her blood investigation reports was within normal limits .serum Beta HCG 4356mIU/ml.</p> | <p>Transvaginal ultrasound:</p> <ul style="list-style-type: none"> • Showed a gestational sac implanted in the anterior uterine wall at the site of the previous Caesarean scar corresponding to 9 weeks gestation with foetal pole. • The myometrial layer between the bladder and the gestational sac was markedly thinned out.Increased vascularity was noted around the implantation site on colour Doppler imaging. <div>   </div> | <p>After counselling the patient about the risks and treatment options, surgical intervention via laparotomy was performed. The gestational sac was carefully excised from the scar tissue, and the uterine defect was repaired using multiple layers of absorbable sutures to ensure structural integrity. Haemostasis was secured and the uterine cavity was inspected for any residual abnormalities.</p> <div>  </div> | <p>The patient had an uneventful postoperative recovery and was discharged in stable condition. Serial β-hCG levels showed a steady decline, indicating successful surgical management.</p> <p>CONCLUSION Surgical excision remains an effective and definitive treatment for Caesarean scar ectopic pregnancy. Early detection and timely intervention are essential to prevent maternal morbidity and preserve future fertility.</p> |