

Title: MESH METROPLASTY OF A PREGNANT UTERUS

INTRODUCTION

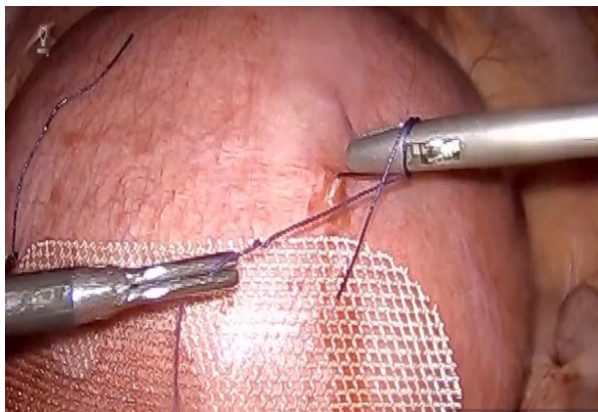
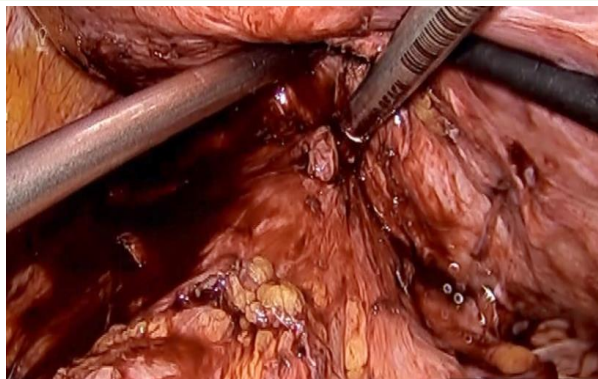
Inadequate uterine reconstruction resulting in a defective scar.

OBJECTIVE

To Illustrate the efficacy of Mesh Metroplasty method to prevent scar rupture during pregnancy.

PROCEDURE

A 36-year-old primigravida with primary infertility conceived via IVF presented with antepartum hemorrhage at 17 weeks' gestation. MRI revealed a thinned-out fundal uterine scar (8mm) with placenta accreta over a dehiscence scar. She had previously undergone one open and two Laparoscopic adenomyomectomies. Laparoscopic mesh metroplasty was performed as an emergency procedure to prevent imminent fundal scar rupture. Titanized polypropylene dual mesh was laparoscopically fixed over the scar. The postoperative course and the remaining antepartum period were uneventful, highlighting a promising surgical approach.



• RESULTS

At 36 weeks' gestation, an elective lower segment cesarean section and uterine reconstruction were performed, delivering a healthy male baby weighing 2.6 kg. Intraoperatively, placenta accreta at the uterine fundus was manually removed, and adhesions of bowel and omentum to the posterior uterine surface over the mesh were noted. The uterine fundal defect was repaired with 1-0 vicryl. The postpartum period was uneventful.

DISCUSSION

Mesh placement over a defective uterine scar post-myomectomy or adenomyomectomy is a promising surgical approach to prevent scar rupture during pregnancy, though ideally performed preconceptionally.

REFERENCES

1. Kumakiri J, Kikuchi I, Kitade M, et al. Evaluation of factors contributing to uterine scar formation after laparoscopic myomectomy. Acta Obstet Gynecol Scand. 2010;89(8):1078- 83.
2. Cho H. Rupture of a myomectomy site in the third trimester of pregnancy after myomectomy, septoplasty and cesarean section: A case report. Case Rep Womens Health. 2018;19.