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Olgu

Hayatı Tehdit Eden Bir Hastalık: Sezeryan Skar Gebeliği

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ÖZ

Gebelik kesesinin daha önceki sezaryen skarına implantasyonu ektopik gebeliklerin en nadir görülen formudur. Hastalığın insidansı dünya çapında sezeryanla doğumların artmasına bağlı olarak yükselmektedir. Tanı koymadaki bir takım zorluklar nedeni ile hayatı tehdit edebilecek bir hastalıktır.

Bu sunumda ultrason ile tanı konulan ve cerrahi olarak başarıyla tedavi edilen bir sezaryen skar yeri gebeliği olgusunu tartışmayı amaçladık.

Sezaryen skar gebeliğinin erken tanısı maternal mortalite, morbidite ve fertilitenin kaybının önlenmesi açısından önemlidir.

Anahtar kelimeler: *ektopik, ultrason, sezaryen skar gebeliği*

ABSTRACT

A Life-Threatining Disease: Cesarean Scar Pregnancy

Implantation of a gestational sac within a cesarean delivery scar is the rarest form of ectopic pregnancy. Incidance of the disease is rising due to increase of cesarean section worldwide. It is a life threatining condition because of the difficulties in diagnosis.

In this paper we aimed to discuss a case of cesarean scar pregnancy which was diagnosed by means of ultrasound and successfully treated by surgery.

Early diagnosis of cesaraen scar pregnancy is important to avoid mortality, morbidity and the loss of fertility of the mother.

Keywords: *ectopic, ultrasound, cesarean scar pregnancy*

INTRODUCTION

Implantation of an ectopic pregnancy within a previous cesarean section scar is a rare and potentially life-threatening condition [(1)]. Recent case reports indicate an increased incidence due to the rise in cesarean section and invitro fertilization rates as well as the widespread use of transvaginal scanning [(2,3)]. It has an estimated incidence of 1 : 2226 of all pregnancies [(4)]. Cesarean scar pregnancy may lead to lethal complications, such as uterine rupture and uncontrolled haemorrhage. Although there is no consensus as to the optimal management of cesarean scar pregnancy, termination of the pregnancy by laparotomy and hysterotomy, with repairing of the accompanying uterine scar dehiscence, may be the best treatment option [(5)]. In the present case, ultrasonographic diagnosis and surgical management of a cesarean scar ectopic pregnancy was aimed to be reported after the written consent of the patient taken.

CASE

A 28-year gravida 6, para 4, abortus 1, live 4 had suffered for 2 days from vaginal bleeding and pain localized in the suprapubic area was admitted to our clinic. In the past medical history of the patient was 2 caesarean deliveries, with no previous pelvic inflammatory disease (PID) and another ectopic pregnancy. On bimanual examination uterus seemed enlarged; however, exact size could not be made out due to tenderness. Speculum examination revealed moderate bleeding through cervical os, the physical examination revealed rebound tenderness, along with cervical tenderness during pelvic examination. An impression of a pregnancy with an unliving embriyo (CRL:6-week 3-days) in the anterior aspect of lower uterine segment scar (Figure 1) with free fluid in the peritoneal cavity was detected in the transvaginal ultrasonographic assessment. In the laboratory analysis, B-Hcg level was 21863, Hg level was 10.3, WBC co-

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unt were measured to be 3035 mIU/Ml, 10.4 gr/dl, 11.600/ mL, respectively. Possibility of ruptured scar ectopic pregnancy was kept and exploratory laparotomy performed.

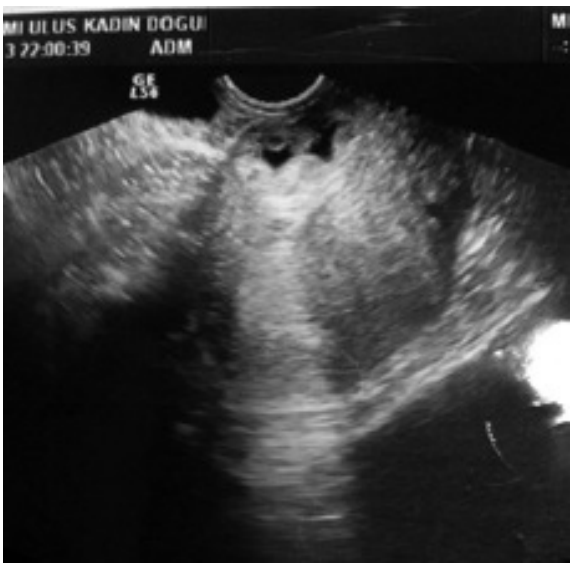

Figure 1. Ultrasonographic view of ectopic mass on the low segment of uterus. Yolk sac and fetal pole can be seen in the gestational sac.

Intraoperatively, we found 500 cc of haemoperitoneum and an intact gestational sac in the uterine scar. (Figure 2a). Uterus was evacuated and uterine defect was repaired (Figure 2b,2c). Her postoperative period was uneventful and was discharged on the fifth postoperative day. Her B-hCG level thereafter showed a marked drop, declining to almost zero. The pathology report obtained a cesarean scar ectopic pregnancy.

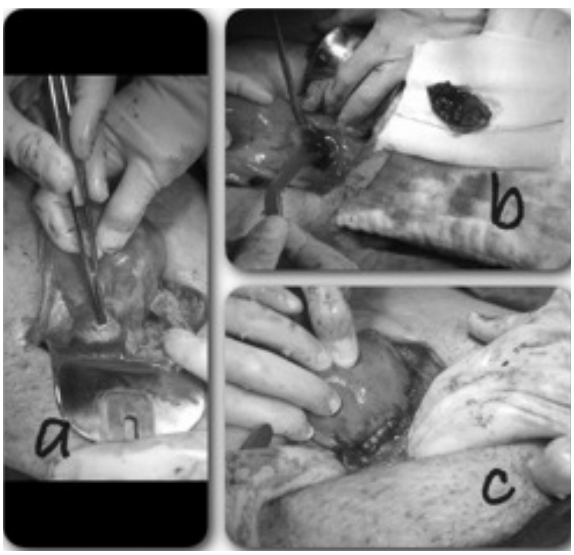

Figure 2a. macroscopically view of ectopic gestational sac on the cesarean scar, b. evacuation of ectopic pregnancy, c. view of uterus after repair.

DISCUSSION

Implantation of a gestational sac within a caesarean delivery scar is rarest form of ectopic pregnancy [4]. While it is easy to diagnose ectopic pregnancy with serial serum B-Hcg levels examinations

There is no specific clinical symptoms or signs about the disease the most common symptom, in our case and in others, is being vaginal bleeding [6]. A delay in diagnosis or even failure to make a correct diagnosis can cause a high risk of hysterectomy, loss of fertility, serious maternal morbidity and mortality. Sonography is the first-line diagnostic tool for scar pregnancy. We diagnosed our case by using ultrasound too.

Cesarean scar pregnancy can be seen in two ways, first those that progress back toward the uterine cavity and may develop to term but with abnormal implantation and increased risk of bleeding, and those that progress towards the abdominal cavity with considerable risk of uterine rupture [7]. There is also a danger of bladder invasion by the growing placenta.In our case there was no bladder invasion .

If cesarean scar pregnancy is diagnosed at an early stage, multiple treatment options are available, uterine rupture and hemorrhage can be avoided. As there is no consensus as to the optimal management of cesarean scar pregnancy termination of the pregnancy by laparotomy and hysterotomy, with repair of the accompanying uterine scar dehiscence, may be the best treatment option. We also terminated the pregnancy by hysterotomy and than repaired the uterine defect.

As a conclusion, the case that we presented demonstrates the importance of the early diagnosis of cesaraen scar pregnancy to avoid mortality, morbidity and the loss of fertility of the mother.

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