

LIVE CAESAREAN SCAR ECTOPIC (CSE)

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Introduction

The rate of CSE is approximately 1 in 2000 pregnancies. The biggest concern with regards to CSE is that as the gestational sac develops and grows, it can progress deeper into the serosal surface of the uterus with the risk of uterine rupture and haemorrhage

Case Presentation

FF was a 39 yo G2P1 aboriginal female who presented to ED with mild lower abdominal pain. On examination, she was haemodynamically stable, was found to be pregnant with a Quantitative BHCG of 17948. A pelvic ultrasound revealed a live scar ectopic of 8 weeks gestation.

Management

The NICE guidelines and RCOG Greentop Guidelines list the following as features of a CSE that would qualify for a first line treatment of Methotrexate : unruptured, no heartbeat and BHCG 1500-5000IU.

We discussed the findings and mentioned that the usual management of a live pregnancy of this high a BHCG was surgical management. However, the patient wanted to get pregnant in the future and was afraid the surgery might limit this. Hence, she wanted a chose the medical management, truly being aware of the mortality and morbidity of a CSE.

As such, we decided to administer Methotrexate IM 90mg (calculated from BSA) and have regular BHCG tracking.

Results

After one dose of Methotrexate IM 90mg (calculated from BSA), BHCG was tracked on Day 3 and Day 10 post, followed by a transvaginal pelvic ultrasound that showed a non-viable pregnancy with a gestational sac approximately 6 weeks in size.

A second dose of 90mg IM Methotrexate was given.

Weekly BHCG trend monitoring occurred until it dropped gradually to 6 over 2 months.

Conclusion

The reasons for success for this medical management of a live CSE were:

- patient's compliance to management plan
- attendance to every blood test
- living close to the hospital
- being aware of the risks involved in this pregnancy so as to present to the hospital if symptomatic

This opens up another option for the possible medical management for a live caesarean ectopic which is otherwise usually surgically managed