

Caesarean scar ectopic with removal of niche – A novel surgical approach



Mahajan T., Campbell N.
1. Department of Women's and Babies, Royal Prince Alfred Hospital, NSW^{1,2}
2. The University of Sydney, Sydney, NSW^{1,2}

correspondence: tanyamjn@yahoo.com.au



THE UNIVERSITY OF
SYDNEY

Background

Caesarean scar pregnancies (CSP) have become an increasingly common phenomena in recent decades, following an increase in caesarean section rates. CSP carry a risk of abnormal placentation disorders, uterine rupture and haemorrhage which may result in the need for hysterectomy or even death. There is a need for consensus on the management of these pregnancies and strategies to optimise long term outcomes for affected patients.

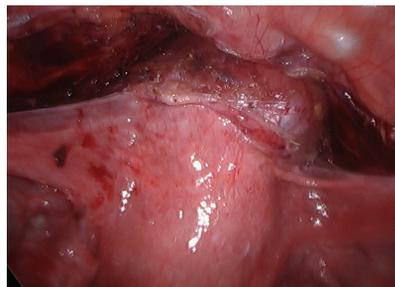


Figure 1: Caesarean scar pregnancy



Figure 2: Sutured niche

Case Report

A 34 year old female with a history of two prior caesarean sections presented to our tertiary centre with a history of abdominal pain and heavy per vaginal bleeding. A pelvic ultrasound at our facility showed a live caesarean scar pregnancy. The patient decided to terminate the pregnancy and, due to a desire for future pregnancy, initially opted for medical therapy with KCl injection into the gestational sac and long course methotrexate. Medical therapy was unsuccessful. With counselling the patient opted for surgical management. She was treated surgically with laparoscopy, dilatation and curettage.

The decision was made to resect the caesarean niche laparoscopically with monopolar diathermy. In doing so, more pregnancy tissue was evacuated. The defect was then sutured. Histopathology confirmed products of conception in the uterine curettings and niche.



Figure 3: Pathologist's cross section of CSP after Formalin

Discussion

In some cases of CSP, the pregnancy may implant upon a dehiscent scar, called a "niche". Uterine niches are associated with post menstrual spotting, dysmenorrhea, chronic pelvic pain, subfertility, CSP and malplacentation disorders. Laparoscopic resection of the uterine niche is performed in symptomatic non-pregnant women and this approach has shown to improve symptoms and overall quality of life. Laparoscopic resection of the uterine niche can be performed opportunistically as part of surgical management of CSP to prevent complications and improve fertility.