

10 Years of Caesarean Scar Pregnancies at the Mercy Hospital for Women



Mercy Health
Care first

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Background

Caesarean scar pregnancy (CSP) represents a modern gynaecological dilemma. The pathogenesis is poorly understood, there are no standardised diagnostic criteria, and there remains significant heterogeneity in the approach to management worldwide. We reviewed the presentation, diagnosis and management of CSP at a single tertiary centre.

Method

Retrospective review of all CSP managed through the Mercy Hospital for Women, a tertiary women's hospital in Australia, between 2010 and 2020.

Conclusion

In the absence of consensus or evidence-based guidelines, diagnosis and management of CSP remains inconsistent. Centralised and expert management of CSP is likely to contribute to optimised counselling, diagnosis and outcomes for this complex pregnancy complication.

Results

34 women with CSP were managed with either primary expectant, medical or surgical treatment (Figure 1.). Median age at presentation was 34.6 years [IQR, 31.6-37.9], parity 2 [2-7] and number of previous caesarean sections 2 [1-3]. The first ultrasound diagnosed CSP in 22/34 (65%) pregnancies. 35% of cases and only 1 case managed surgically were tracked to resolution (hCG <5). Median time to resolution was 42 [34-81] days and to last hCG, 35 [12-59] days. Major haemorrhage occurred in 5 (15%) cases, all who received primary medical management.

