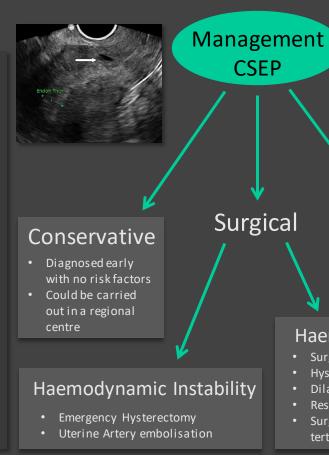
20 Virtual Annual Scientific Meeting 15-18 February

MANAGEMENT OF A CAESAREAN SCAR ECTOPIC PREGNANCY IN A REGIONAL QUEENSLAND SETTING

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Caesarean Scar Ectopic Pregnancy (CSEP)

- A rare complication of pregnancy, in women with a previous caesarean section
- Incidence of 1:1800 1:2200 and increasing
- 6% of all ectopic pregnancies in women with previous caesarean
- Can cause significant maternal morbidity and mortality in the form of uterine rupture, severe haemorrhage and hysterectomy
- Diagnosed via early pregnancy TV Ultrasound. Signs are:
 - An empty uterine cavity.
 - An empty cervical canal
 - A gestational sac in the anterior lower uterine segment at the point of a previous hysterotomy scar
 - Absent or thinned myometrium adjacent to the bladder
- There is little consensus on ideal treatment, and decision is based on several risk factors including:
 - Clinical presentation and symptoms of the patient
 - Presence of fetal cardiac activity on TVU and size of gestational sac (cardiac activity present + MSD of >40mm = higher risk)
 - Serum βHCG level (>3000IU/L = higher risk)
 - Patient's wishes for future fertility
 - Experience of the treating clinician



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Medical

- Systemic methotrexate (IV/IM)
- Intra-gestational sac methotrexate
- Intra-gestational sac embryocide with KCL or Lignocaine
- Single or multiple agent medical therapy
- Any intra-gestational treatment will require management in a tertiary centre

Haemodynamically Stable

- Surgical aspiration of gestational sac
- Hysteroscopic resection
- Dilatation and curettage
- Resection of scar by laparoscopy or laparotomy
- Surgical options will generally be carried out in a tertiary centre

Case Report

- 30 Year old G5P3
- 1 x previous vaginal birth, 1 x Emergency LSCS and 1 x Elective LSCS
- Asymptomatic, but presented from dating US at 5+5 weeks gestation
- Serum βHCG of 1037IU/L with fetal cardiacactivity of 109bpm and CRL of 3mm
- Treatment based on risks and patients wishes for future fertility
- Treated with IV systemic methotrexate, urinary alkalisation with sodium citrate and folinic acid rescue therapy
- She stayed locally and had regular serum βHCG and pelvic US until US showed the absence of fetal cardiac activity
- She returned to her rural home and was followed up via telehealth with regular serum βHCG until <2IU/L
- US 6 months later showed no residual changes to the scar and a normal pelvic US

