

Caesarean scar pregnancy diagnosis

Diagnóstico de gravidez ectópica em cicatriz de cesariana

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Abstract

The authors present a clinical case of a young healthy woman with a caesarean scar pregnancy, emphasizing the relevance of an early ultrasound diagnosis.

Keywords: Ectopic pregnancy; Caesarean section; Pregnancy complications; Ultrasonography.

A 33-year-old healthy woman presented to our emergency department with pelvic discomfort and six weeks of amenorrhea. She had a caesarean delivery ten years earlier and an early pregnancy loss with need to perform curettage six months before. She had no

vaginal bleeding and an unremarkable clinical exam. The vaginal ultrasound revealed an enlarged uterus, a fundic endometrial thickening and a hypoechoic structure with 6 mm of diameter at an isthmic level overlying the caesarean scar compatible with a gestational sac, and normal adnexa (Figure 1). The 3D view confirmed the presence of a gestational sac with a yolk sac and an embryonic pole at an isthmic level (Figure 2).

Caesarean scar pregnancy is a rare iatrogenic entity



FIGURE 1. 2D Vaginal ultrasound

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FIGURE 2. 3D Vaginal ultrasound

and defines itself as an implantation of a gestational sac into a deficient lower uterine segment caesarean section scar. Its estimated incidence is about one in each 2000 pregnancies and represents about 6% of ectopic pregnancies in women with a previous caesarean section^{1,2}. The increasing number of reported cases seems to reflect the overall amount of caesarean sections but also the improved diagnostic capacity and higher index of suspicion². The clinical presentation may vary widely from asymptomatic to catastrophic bleeding¹. The best diagnostic tool is the vaginal ultrasound, which can show an empty uterine cavity, a gestational sac located in the isthmic anterior uterine wall overlying the caesarean scar, a thin myometrium between the sac and the bladder, Doppler evidence of prominent vascularization and an empty cervical canal. An early and prompt ultrasound diagnosis is critical for a good outcome³⁻⁵.

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ERRATA

Na edição do 3º Trimestre da AOGP, nas páginas 182-189, publicámos o Estudo Original intitulado:

Transvaginal repair of genital prolapse with a Prolift system: complications and outcomes after 7 years of follow-up

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Após o envio da AOGP pelo correio, fomos alertados pela Dra. Fernanda Santos para a incorreta referenciação ao local onde o Estudo se tinha realizado, o que de imediato corrigimos, reeditando o artigo com a indicação da instituição devida (Centro Hospitalar de Leiria – Hospital Santo André).

De notar que o artigo foi publicado corretamente, quer no site da FSPOG, quer na plataforma Scielo.

Do facto apresentamos as nossas desculpas a todos os autores.