

Laparoscopic excision of caesarean scar ectopic pregnancy

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Introduction

Caesarean scar pregnancy is one of the rarest forms of ectopic pregnancy where implantation occurs in the previous caesarean scar [1]. Due to the rarity of the condition, no evidence based treatment option is available for this condition at present. We report a case of laparoscopic management of a caesarean scar ectopic pregnancy.

Case

A 36-year-old female who had a emergency caesarean section 7 years ago due to fetal distress, this time presented to the clinic for the dating scan. Transvaginal ultrasound showed a gestational sac of 21 mm size with a fetal pole over the previous caesarean scar and there were no free fluid in the peritoneal cavity. Patient was clinically asymptomatic on presentation.

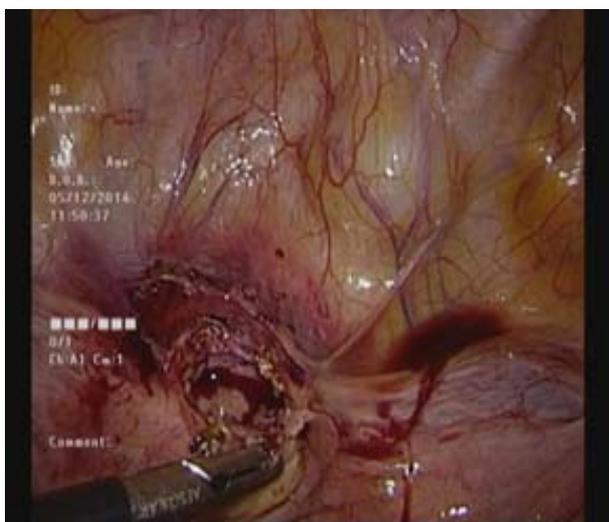


Figure 1. **Exposing the ectopic site.**

She underwent a laparoscopic excision of scar ectopic pregnancy under general anaesthesia. Vasopressin 20 U in 200 ml of normal saline was injected to the uterus. Bladder

was pushed down and ectopic site was exposed. Resection of the ectopic tissue with a segment of myometrium was done using monopolar diathermy. Defect was reconstructed using 'Barbed' sutures. Surgery was uncomplicated and estimated blood loss was 50ml. Histopathology report concluded the specimen to be compatible with an abnormal implantation of conception at caesarean scar site.

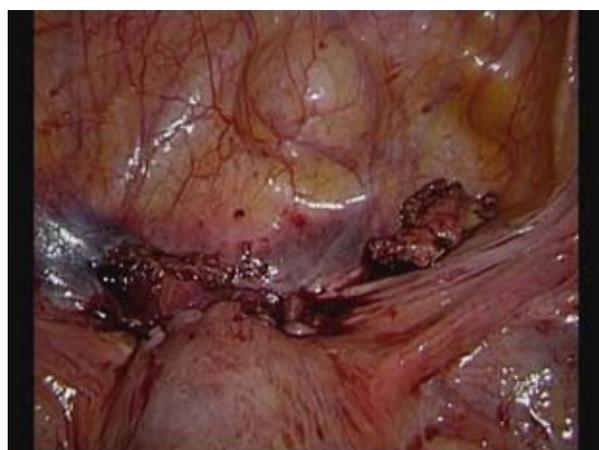


Figure 2. **After reconstruction.**

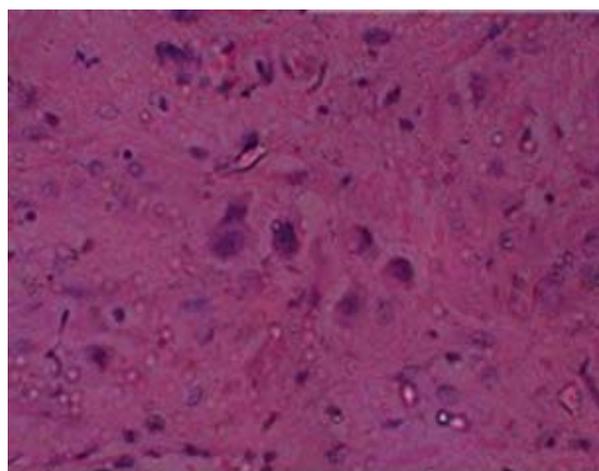


Figure 3. **Trophoblastic tissue with scar tissue.**

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Discussion

Caesarean scar pregnancy is a rare but potentially life threatening complication, which can be associated with severe maternal morbidity and mortality [2,6,7].

Currently most of the caesarean scar ectopic pregnancies are managed by laparotomy. However, in haemodynamically stable patients, laparoscopy is an effective treatment option [3]. This treatment modality is associated with less morbidity. The operating time and intraoperative blood loss is lower than an open surgical approach [4]. Furthermore, laparoscopy is associated with shorter hospital stay and less analgesic requirements postoperatively. Postoperative adhesion formation is also less with laparoscopy. However, this treatment modality requires laparoscopic facilities and clinical expertise [5]. The main challenge while performing laparoscopic resection is torrential bleeding which can be minimised by injection of vasopressin into the uterus.

Conflicts of interests

There are no conflicts of interest.

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