

Different treatment modalities for management of caesarean scar ectopic pregnancy: A Single-Center Experience.

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Background

Caesarean scar pregnancy (CSP) remains a very rare form of ectopic pregnancy associated with a serious life-threatening condition. There is no consensus on the treatment modality or a generally accepted guideline in CSP.



Methods

This is a retrospective case series study that was conducted; all women who diagnosed with CSP between January 2013 and November 2019 in Women's Specialized Hospital, King Fahad Medical City. The clinical characteristics, diagnosis, different treatment modalities, and clinical outcomes were analyzed.

Discussion

Currently, there has been no randomized trial comparing the different treatment options, thus making it difficult to extrapolate any objective evidence regarding the best approach (25). Physicians and health care providers receiving GSP has to refer patients to institutions with expertise in managing GSP patients. Furthermore, institutions with referrals for CSP has to develop their own guidelines describing the diagnostic criteria, needed investigations, and recommended treatment options and identify physicians who have expertise in diagnosing and managing such patients.

Among the limitations of our study is the relatively small sample size as it was limited to Women's Specialized Hospital.

Another limitation is the retrospective nature of the study. Prospective studies are needed to elucidate evidence based guideline and endorse practical recommendations.

Objectives

This study aims to evaluate the outcomes of the different treatment modalities used in CSP treatment at a single center.

Results

Twenty-seven cases of CSP were identified during the study period. The mean maternal age was 36.55 years (range, 23-47 years).

The gestational age at diagnosis ranged between 5 weeks and 5 days to 13 weeks and 6 days. All diagnoses were made by ultrasound.

Fetal heartbeat was present in 10 cases (37.03%). The most commonly used method for first-line treatment was medical treatment.

A total of 14 patients (51.85%) were treated with systemic methotrexate (MTX), Three (11.1 %) intra-sac and systemic MTX, and Two (7.4 %) intra-cardiac potassium chloride (KCl) along with systemic MTX, five (18.51%) cases had expectant management, one case initially treated with Laparotomy Wedge resection, and one case treated with Uterine artery embolization (UAE) and systemic MTX.

A total of 20 (74.07%) patients were treated successfully with first-line treatment. Seven (25.92%) patients needed additional second line treatment. Among them, only one case had surgical intervention.

None of the women in medical treatment group experienced any side effects. Overall, the mean β -hCG resolution time was 60.85 days (range, 28 - 95 days).

Conclusions

The treatment of CSP should be individualized based on risk factors.

Diagnosis and management of CSP need expertise and a multidisciplinary approach to prevent complications.

Early diagnosis and management of cesarean scar ectopic pregnancy remains the mainstay for a successful outcome.

References

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