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Clinical Image

Caesarean Scar Ectopic Pregnancy or Cervico-Isthmical Pregnancy: A Maternal Near Miss

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A 25 year old Gravida3 para2 with history of previous 2 lower segment caesarean sections was diagnosed as 8 weeks of intrauterine pregnancy by USG and she sought MTP with sterilisation. Suction evacuation was abandoned due to profuse haemorrhage suspecting cervical pregnancy.

Subsequent USG showed empty fund us and bulging and enlargement at the lower part of uterus (isthmus) with gestational sac and the cervix was short and the internal Os was not delineated. Hence a diagnosis of cervico-isthmical pregnancy was made and she received 2 Cycles of Variable dose methotrexate along with Mifepristone and underwent uterine artery embolization. After 42 days the vascularise persisted Figure 1 and her serum β HCG declined to 88 m IU/dl. From 28,000 IU/d. She underwent instrumental evacuation and received 3rd course of variable methotrexate along with mifepristone. Subsequent resolution and confirmation of cervico-isthmical pregnancy is shown in Figures 2-5.



Figure 2: Transvaginal 2-D scan; shows the Fundus of uterus which is empty with part of gestational sac lining.



Figure 3: Transvaginal 2-D scan shows the bulge due to blood clots in the lower uterine segment 2 days after evacuation.



Figure 4: Transvaginal 2-D shows the lowermost part of the uterine cavity to delineate the cervix (Calipers).



Figure 1: Transvaginal 2-D scan with color Doppler: shows the gestational sac in lower part of the uterus with peripheral blood flow.

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Figure 5: Trans abdominal 2-D scan shows the fund us of uterus with resolution of ectopic in lower uterine segment after 7 days of evacuation.