CAESAREAN SCAR ECTOPIC PREGNANCY: A FIVE-YEAR REVIEW OF A TERTIARY CENTRE'S EXPERIENCE

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Introduction:
While remaining a rare variant of ectopic presentations, caesarean scar pregnancy (CSP) has been reported with increasing frequency over the last decade. Given the incidence of caesarean sections being performed this trend seems likely to continue. Despite this there is still much debate regarding pathogenesis, predisposing factors and optimal treatment for CSP. Our aim was to expand the existing medical literature with our own institution’s five-year experience of managing this potentially life-threatening diagnosis.

Method:
Eighteen patients treated at our institution were diagnosed with CSP between 2008 and 2013. Data was retrospectively collected focusing on their investigations, treatment modalities, treatment outcomes and obstetric and gynaecological history relating to proposed risk factors for CSP. Our results were compared with case series of similar size and/or design taken from the English-speaking medical literature.

Results:
Our group represents the largest case series reviewed in Australia. One patient elected for hysterectomy, one was treated with transvaginal aspiration of the gestational sac and one had a spontaneous abortion needing no intervention. Fifteen of our patients (83%) were treated with our institution’s intravenous methotrexate protocol; twelve of these required no additional treatment, two required curettage for retained products of conception and one required hysterectomy following attempted curettage complicated by massive haemorrhage.

Conclusion:
The group treated with systemic methotrexate demonstrates a higher success rate (80%) than previously reported. More research and supporting evidence is required but our institution’s methotrexate regimen may offer a safe and reliable non-surgical treatment for women diagnosed with CSP.