

# Cesarean Scar Ectopic Pregnancy- A Rare Form of Ectopic

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## I. Introduction

- Implantation of blastocyst other than normal endometrial lining of the uterine cavity is known as ectopic pregnancy.<sup>1</sup>
- Cesarean scar ectopic pregnancies are a rare form of extrauterine pregnancies. Its incidence has been increased due to increase in number of cesarean deliveries. It has a threat for maternal hemorrhage and mortality.

## II. Case history

- A 36yr-year-old female presented to OPD of gynecology with two months of amenorrhea with history of MTP pill intake followed by bleeding per vagina and pain abdomen on and off since 25-30 days.
- In obstetric history, she was G4P3L3A0 with previous history of three caesarean deliveries at 14yrs, 12yrs and 11yrs back respectively.
- She is a known case of hypothyroidism.
- Her transvaginal ultrasound suggested a single live intrauterine pregnancy at 7 weeks and 6 days with a gestational sac visualized in the lower uterine segment.

## III. Management

A patient with previous 3 cesarean deliveries who presented with a C- scar ectopic pregnancy. She was diagnosed by transvaginal ultrasound (TVS) and non contrast pelvic MRI, and underwent surgical management.<sup>2</sup>

- Medical management include: Success rate of a local methotrexate (MTX) injection into the gestational sac and a combined systemic plus local MTX injection is 60 and 80 percent respectively. Potassium chloride (KCL) injection can be injected into the gestational sac in case of advanced gestations.
- Successful surgeries include: (a) laparoscopic uterine isthmic resection (b) transvaginal isthmic resection through an anterior colpotomy (c) UAE followed by d & c with or without hysteroscopy (d) hysteroscopic resection.

## IV. Discussion

There is a high clinical suspicion for a cesarean scar ectopic pregnancy, if patient presented with first trimester bleeding with history of multiple previous cesarean deliveries. Although its incidence is rare<sup>7</sup>. It presents with painless vaginal bleeding without any specific signs. tvs with color flow doppler are useful for diagnosis.

## V. Conclusion

Cesarean scar ectopic pregnancies can lead to deadly outcomes, including uterine rupture, massive maternal haemorrhage and deaths. Thus, to prevent this, early diagnosis and prompt treatment is required in a case of C-scar ectopic pregnancy.

References

- [1]. Cunningham F, Leveno KJ, Dashe JS, Hoffman BL, Spong CY, Casey BM. eds. *Williams Obstetrics, 26e*. McGraw Hill .
- [2]. Brancazio S, Saramago I, Goodnight W, McGinty K. Cesarean scar ectopic pregnancy.

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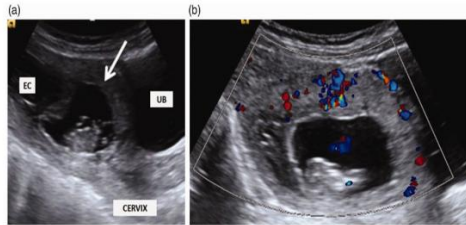
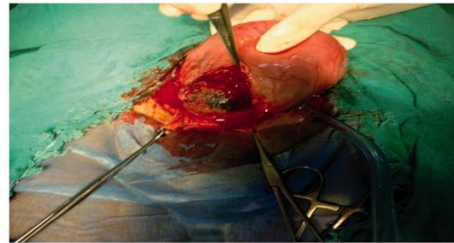


Fig 1; sonography image (a) showing the gestational sac with embryo in anterior myometrium of the lower uterine segment (white arrow). The cervical canal is empty, whereas the endometrial cavity (EC) is distended with heterogeneous blood clots. Color Doppler image (b) showing increased vascularity in the hyperechoic choriodecidual reaction and color flow within the embryo.



Intraoperative photograph; showing the gestational sac in the lower uterine segment at previous cesarean section scar site with a thinned myometrial wall.



TVS of a uterus with a cesarean scar pregnancy in a sagittal plane. diagnostic criteria include: (i) an empty uterine cavity (e) and empty endocervical canal, (ii) placenta or gestational sac (asterisk) embedded in the hysterotomy scar niche, (iii) a thin myometrial mantle between the gestational sac and bladder (b), (iv) a prominent vascular pattern at the scar. c = cervix; ut = anterior uterine wall<sup>1</sup>.

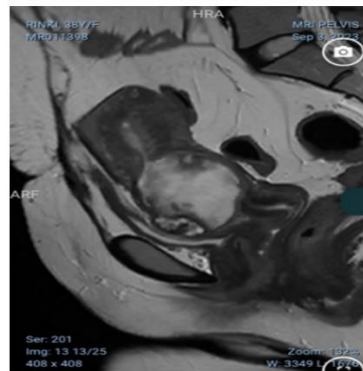


Fig 2 ; On MRI