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Cesarean scar pregnancy (CSP) and its approach.

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I. Introduction

An unplanned pregnancy that develops on or near the scar from a previous caesarean delivery. For the purposes of this discussion, all pregnancies involving hysterotomies scars shall be referred to as CSPs. An intramural pregnancy, often known as a pregnancy implanted on or in a myomectomy scar, is another possibility. Undiagnosed or incorrectly managed CSP can result in substantial morbidity and mortality for both the mother and the foetus, including uterine rupture and haemorrhage. Heavy bleeding has also been linked to myometrial thickness, peritrophoblastic perfusion, and serum -HCG levels.

Cesarean scar pregnancy (CSP)

A gestational sac placed in a previous CS scar is defined as a Caesarean section (CS). CSP affects 1.15 percent of women who have had past caesarean births, with a prevalence of 1:2226–1:1800.

Additionally, it has been shown that after in vitro fertilisation and embryo transfer, women having a history of caesarean delivery are more likely to develop CSP (IVF-ET). Due to past uterine scar tissue from a caesarean delivery, the decidua basalis is frequently missing or partially disturbed with a faulty layer of fibrinoid degeneration. Instead of enclosing or implanting into the decidualized endometrium, the pregnancy in CSP embeds in the myometrium and fibrous scar tissue. The pregnancy must be carefully controlled because it is abnormal from the moment of implantation.

Diagnosis and treatment modalities

In contemporary obstetrics, it is now challenging to diagnose and treat ectopic caesarean scar pregnancy. With the growth in pregnancies ending in caesarean sections and the introduction of transvaginal ultrasonography, the prevalence of caesarean scar pregnancy diagnoses has increased as well. The range of gestational ages at diagnosis was 5 weeks, 4 days to 8 weeks, 2 days (Table 1). It's crucial to make a diagnosis and designate a course of treatment early.

To possibly diagnose or rule out CSEP, the doctor will examine your ultrasound for one or more of the following specific criteria. The uterus or cervix is empty, the placenta, amniotic sac, or both are caught in the scar tissue from a C-section, or there is no foetal heartbeat. Thin or absent tissue layer between the amniotic sac and the bladder; the amniotic sac is triangular or oval, indicating that it is forced into the particular area of the scar tissue; numerous blood vessels or blood flow; plentiful blood flow (it should be rounded)

Thanks to the adoption of transvaginal probes and ultrasound scans in obstetric practise and the development of imaging technologies, early detection of this phenomenon is now feasible. Transvaginal ultrasound imaging helps to see the scar from a caesarean section, and early discovery of this kind of pregnancy necessitates a successful therapy that doesn't harm fertility. Doppler imaging and, in the most difficult circumstances, MRI are performed.

Heavy vaginal bleeding that is painless is the most common symptom. Because the CSP lacks any recognisable clinical indicators, endovaginal ultrasonography and colour flow doppler are essential for diagnosis. For a diagnosis, the following sonographic parameters are necessary: A discontinuity on the anterior wall of the uterus seen in a sagittal plane of the uterus running through the amniotic sac, (ii) development of the sac in the anterior wall of the isthmic portion, (iii) absence or diminished healthy myometrium between the bladder and the sac, (iv) high velocity with low impedance, and (v) all of the above.

Because the CSP is so uncommon, there are no perfect therapeutic techniques. Sometimes, medical and surgical therapy methods are combined. The surgical technique uses both radical and conservative therapies. When the uterus has ruptured or the bleeding is uncontrollable, a hysterectomy is the most drastic procedure. The best course of treatment should be local methotrexate therapy since it provides for the preservation of fertility in asymptomatic pregnant patients who do not also have hemodynamic issues (under ultrasound or hysteroscopy guidance). The most effective CSP treatment involves the simultaneous use of two to three techniques.

Another treatment option is uterine artery embolization. UAE is well known as a conservative treatment for uterine fibroids and postpartum haemorrhage and is the most efficient approach to stop excessive bleeding during D and C for cervical pregnancy.

II. Conclusion

Due to an increase in caesarean deliveries, caesarean scar pregnancy (CSP) is becoming more common. The sickness must be identified as soon as feasible, tailored based on gestational age, and examined by a multidisciplinary team in order to choose the safest treatment approach in order to reduce related morbidity.

References

[1]. Piotr Pędraszewski, Edyta Wlaźlak,Wojciech Panek,and Grzegorz Surkont Cesarean scar pregnancy – a new challenge for obstetricians Jultrason 2018 Mar; 18(72): 56–62.Published online 2018 Mar30. doi: 10.15557/JoU.2018.0009, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5911720.

[2]. Luis Izquierdo, MD, MBA, Mariam Savabi, MD, MPH Contemporary OB/GYN Journal, Vol 64 No 08, Volume 64, Issue 08 https://www.contemporaryobgyn.net/view/how-diagnose-and-treat-cesarean-scar-pregnancy.

[3]. XianYi Zhou,Hua Li,XiaoDong Fu Identifying possible risk factors for cesarean scar pregnancy based on a retrospective study of 291 cases the journal of obstetrics and gynaecological research First published: 14 January 2020 https://doi.org/10.1111/jog.14163.

[4]. Anis Fadhlaoui,1Mohamed Khrouf,1Khaled Khémiri,1Kais Nouira,2Anis Chaker,1and Fethi Zhioua Successful Conservative Treatment of a Cesarean Scar Pregnancy with Systemically Administered Methotrexate and Subsequent Dilatation and Curettage: A Case Report on obstetrics and gynaecology Volume 2012 | ArticleID 248564 | https://doi.org/10.1155/2012/248564, https://www.hindawi.com/journals/criog/2012/248564/

[5]. ShengWang, RajluxmeeBeejadhursing, XiangyiMa et.alBMCPregnancy andChildbirth volume 18, Article number: 289 (2018)

[6]. Ash A, Smith A, Maxwell D. Cesarean scar pregnancy. BJOG. 2007 Mar;114(3):253-263.

[7]. Patricia Santiago-Munoz, M.D.Obstetrics and Gynecology Cesarean scar ectopic pregnancy: Facts and treatment options med blog August 23, 2022

[8]. Pradeep M Jayaram MS MRCOG,Gbemisola O Okunoye MRCOG FWACS Caesarean scar ectopic pregnancy: diagnostic challenges and management options, The obstetrics and gyneacologist volume19, Issue1 January 2017

[9]. Ma Y, Shao M, Shao X. Analysis of risk factors for intraoperative hemorrhage of cesarean scar pregnancy. Medicine (Baltimore). (2017) 96:e7327. doi: 10.1097/MD.0000000000007327

[10]. Sunil K. Juneja, Pooja Tandon*, BhanupriyaInternational Journal of Reproduction, Contraception, Obstetrics and Gynecology Juneja SK et al. Int J Reprod Contracept Obstet Gynecol. 2018 Jun;7(6):2226-2229

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