Nidation of pregnancy in area of previous Caesarean sections

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Objective: Nidation of pregnancy in area of previous Caesarean sections represents quite severe complication of pregnancy and delivery as well. It can be connected with high morbidity and mortality for mother and the fetus.

Methods: Case study. Patient after two Caesarean sections was observed in our department since 1st trimester of pregnancy when nidation of pregnancy in area of previous Caesarean sections was diagnosed. Patient was informed about situation, risks and prognosis of pregnancy. She wished to continue her pregnancy. Ultrasound examination have been done in 3-weeks interval, in 20. week diagnosis of placenta praevia was added. In 36. week of gravidity patient was indicated to Caesarean section in hybrid operating room with cooperation with radiologists. Operation started by installation of Fogarthy ball into hypogastic arteries through femoral arteries. The fetus was delivered from relaparotomy of Pfannenstiel without any complication, placenta as well. Suture of hysterectomy was provided, however heavy unstoppable bleeding appears and hysterectomy was done.

Results: In case with diagnosis nidation of pregnancy in area of previous Caesarean sections is important regular ultrasound examination. Even if the management of examinations was challenging, process of operation was risky, almost dramatic, complicated by hysterectomy, we suppose this case as successful due to wish of the patient have third baby.

Conclusion: Prognosis of this type of pregnancies is very uncertain. Number of hysterectomy is 71% because of high risk of placenta praevia and placenta accreta and massive hemorrhage. Termination of pregnancy is complicated by massive hemorrhage in 20-40%, risk of hysterectomy is rather lower. That is the reason why termination of pregnancy in this area is recommended in literature. However no general recommendation were not specify. It should be individualized with respect of wish of patient, gestational age and future plans of the family.

Supported by MH CZ – DRO (FNOI, 00098892)