A case of conservative treatment of cesarean scar ectopic pregnancy

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Objective
Cesarean scar ectopic pregnancy (CSEP) is an infrequent condition that can progress to uterine rupture and hypovolemic shock, becoming a major risk to the patient's life and which, in most cases, may result in hysterectomy. The aim of this study is to report a case of CSEP submitted to conservative treatment.

Methods
We report a case of CSEP that was submitted to conservative treatment with methotrexate, admitted at Universitary Hospital – Federal University of Alagoas.

Results
29 year-old woman, with two previous cesarean deliveries – seven and six years ago, was admitted at our clinic due to dosage test of beta-HCG reagent (49.941,12 mIU/mL) and transvaginal ultrasound showing a 6-week pregnancy with gestational sac and a 0.4 cm embryo without detectable heartbeat, located in the isthmic anterior wall of the uterus. During the hospitalization, the patient presented mild transvaginal bleeding and abdominal pain of low intensity. MRI showed a gestational sac implanted in the left antero-lateral wall of the uterine isthmic region, measuring about 2.4 x 2.3 x 1.5cm with homogeneous contents, without signs of rupture. The decidual reaction extended until the serosa uterine skin with a minimum thickness of 0.4cm. A small amount of free fluid in the pelvis was observed. Patient had reproductive desires and therefore was submitted to conservative treatment with two doses of methotrexate 50mg with an interval of 4 days between them. She remained hospitalized for dosage of beta-HCG every 72 hours, being discharged for weekly outpatient follow-up after significant decrease of hormone levels (176,78mUl/mL), seven days after treatment. Currently, the patient continues to be asymptomatic with negative beta-HCG levels, giving evidence that conservative treatment for this type of pregnancy (with a large mean diameter of gestational sac and high hormone initial levels) can still be performed when there are conditions of surveillance and follow-up in specialized centers.

Conclusion
The ideal treatment for CSEP is still unclear and management should respect clinical status of the patients and their reproductive desires. Patients showing signs of hemorrhage or hemodynamic instability will probably require surgical intervention. However, those who present clinically stable and have reproductive desires, may benefit of a conservative approach under meticulous follow-up.