A case of a Type I CS scar pregnancy with concomitant placenta previa and placental accreta

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Objective
To present a case of a Type I CS scar pregnancy, its diagnosis and management.

Methods
The patient was followed up prenatally with the use of Ultrasonography.

Results
Expectant management opted initially because of the desire of having a male child. Family counseling was made. At 23 weeks age of gestation, she went into preterm labor and was admitted. A multidisciplinary team was gathered. Patient initially desired to prolong the pregnancy, however, intraamniotic infection ensued, thus delivery was carried out. Estimated blood loss was 4000 cc and blood products were transfused. Unfortunately, the fetus delivered 595 grams, with a Ballard Score of 24 weeks did not survive.

Conclusion
Although literature showed that a live Cesarean scar pregnancy requires immediate and decisive action to prevent further growth of the fetus, our patient opted to do expectant management knowing the possible risks of continuing pregnancy. Treatment options are individualized. An accurate sonographic diagnosis is necessary to provide optimal management and reduce overall maternal morbidity and mortality.