INTERRUPTION OF PREGNANCY WITH UTERINE SCAR

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PLAN

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II- Literature

III- Clinical cases

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I-INTRODUCTION

- Delivery by c-section can be make more complications for further pregnancy.
- Interruption in pregnant woman with uterus scar can be artificial
- It assumes the use of any accessible method
- Uterine curettage aggravates the forecast
- Localisation of the chorion on scar, increta can be a reason of serious complication.

II-LITERATURE

1- Medicamentous for interruption:

A- Early period of pregnancy(< 49days):

- We can use the Mifepristone and misoprostol same dos as uterus without scar

(Chen BA, Reeves MF, Creinin MD, Gilles JM, et al. Misoprostol for treatment of early pregnancy failure in women with prior uterine surgery. American Journal of Obstetrics and Gynecology. 2008;198(6):626e1-626e5)

B- Late pregnancy

- Dose of misoprostol should be twice lower for uterus scar

FIGO/Misoprostol. Recommended regimen. 2017

Cont…

2- Chorion ingrowth into uterine scar in early pregnancy:

- Incidence: varie 1/110-1/2500

Rahimi-Sharbaf F, Jamal A, Mesdaghinia E, Abedzadeh-Kalahroudi M, et al. Ultrasound detection of placenta accreta in the first trimester of pregnancy. Iranian Journal of Reproductive Medicine. 2014;12(6):421-426

- Complication of artificial abortion:
  - Bleeding
  - Spontaneous uterine rupture (32%)

Timor-Tritsch IE, Monteagudo A 2012.

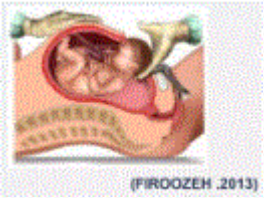
  - Increta, fistulisation, infection,perinatal and maternal death

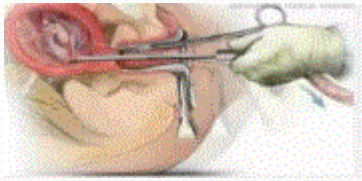
Dew L, Harris S, Yost N, Magee K, de Prisco G. Second trimester placenta percreta presenting as acute abdomen. Proceedings (Baylor University Medical Center). 2015;28(1):38-40

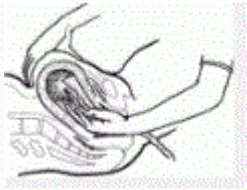
Cont…

2- Chorion ingrowth into uterine scar in early pregnancy:

- **Risk factors:**







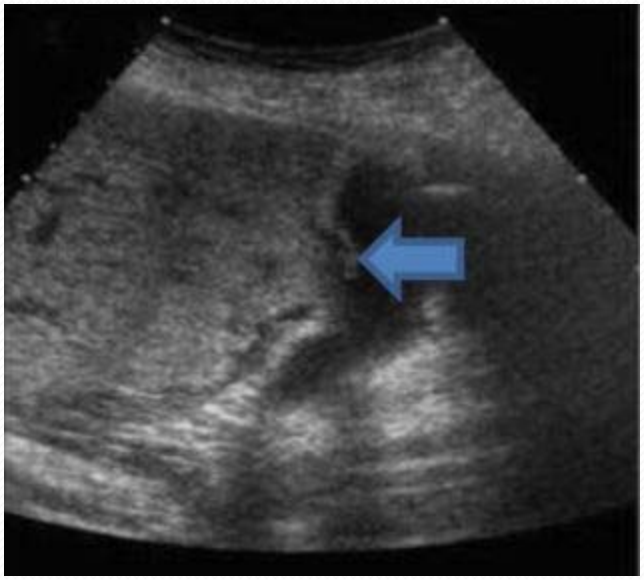
Cont…

2- Chorion ingrowth into uterine scar in early pregnancy:

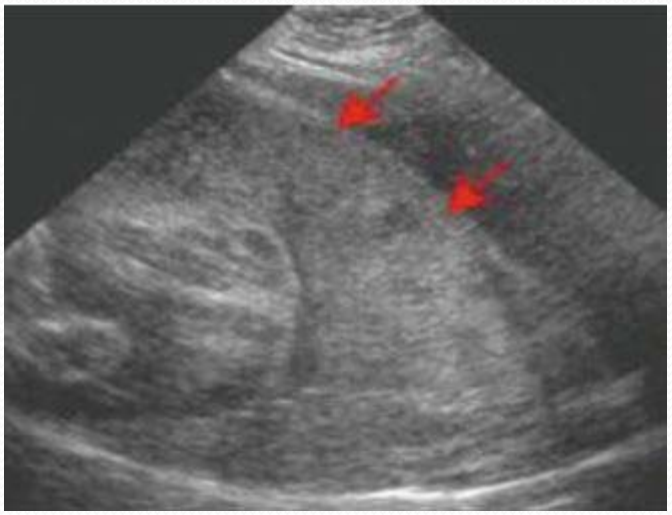
- **Diagnosis:**

  A- Echographique:

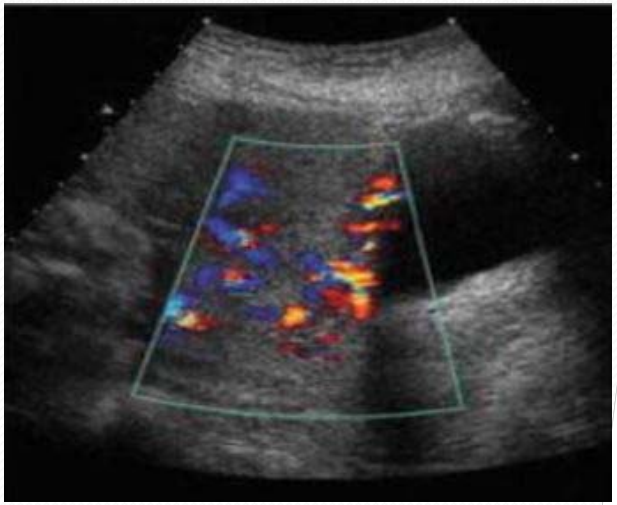
  - Absence of decidual membrane in the area of localisation placenta
  - Invasination of the placenta towards the bladder
  - Hypoechoic inclusion(lacunae)in the placenta area
  - Myometrium thickness in the retro-placental zone < 1 mm
  - More intense uterine placental blood flow.



Evagination of the placenta into the bladder

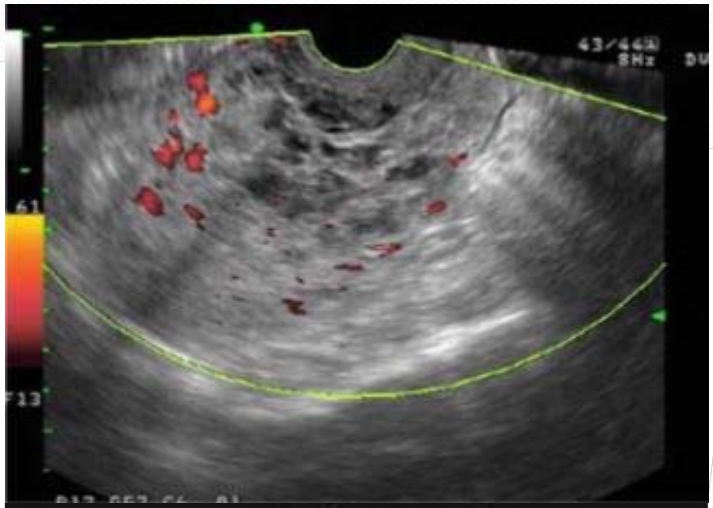


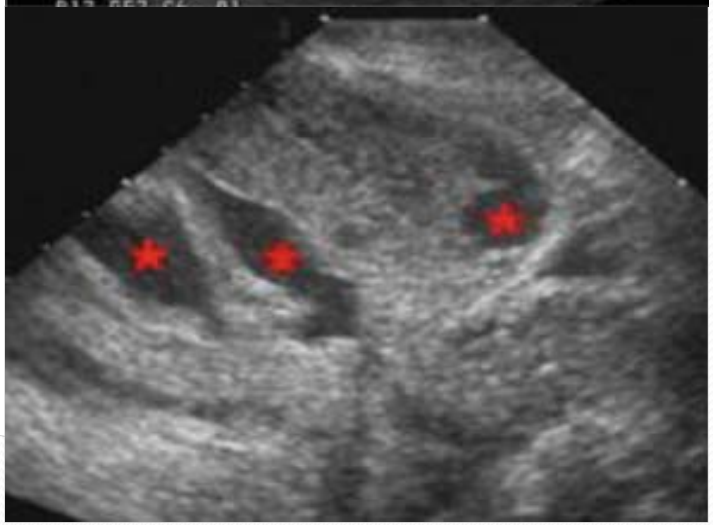
Absence of decidual membrane on the placental localisation area



Hypervascularisation

Lacunae





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B- MRI:

- Is used in case of dubious result of US

- Diagnostic by US with Doppler and MRI has not significant difference.

Varghese B, Singh N, George RAN, Gilvaz S. Magnetic resonance imaging of placenta accrete. Indian Journal of Radiology and Imaging. 2013;23(4):379-385

Cont…

- Management :
  - One principal type of method or Combination method

    -Curettage

    -Methotrexate

    -Surgical incision (hystéroscopy or laparoscopy or laparotomie)

    -Uterine artery embolisation

Timor-Tritsch IE, Monteagudo A. Unforeseen consequences of the increasing rate of caesarean deliveries: Early placenta accreta and caesarean scar pregnancy. American Journal of Obstetrics and Gynecology. 2012;210:371-374

Boza A, Boza B, Api M. Caesarean scar pregnancy managed with conservative treatment. Iranian Journal of Medical Sciences. 2016;41:450-455

  - Surgical incision with MTX : minimisation of complication

III-Clinical cases

Clinical case No 1

- Patiente de 22 ans, G4P3,(césarienne une fois),grossesse de 22 SA

- Entrée pour métrorragie et douleur abdominal après MA .

- Examen à l'entré le 21/3/2023:

  -TA=107/66mHg, P= 83/mn, Temp= 37C

  -Ventre souple, douleur abd.et MTR minime

  - TV: col fermé, long, post.

  -Hb=10g/dl, Ht =30%, GB=15000, plaquettes=135 000, TP=87%,CRP(-), --**Echo:** 1 foetus , EPF=538g, BCF=150bpm,Placenta ant. NBIE. Grossesse de 22SA et 2 jours évolutive

- Le 22-3-23:

- Douleur abdomanal intense, ventre : légèrement distendu et sensible

~TA=90/60mHg, P=98/mn

~Echo: Epanchement de moyenne abondance

- 10:30 Passer au bloc pour la parotomie urgente.

➢ **le diagnostic per-op**: une rupture utérine complète sur l'ancienne cicatrice de césarienne.

➢ Nous réalisons une hystérectomie sub-totale , transfusion 3 sac de CE en per.op.

➢ Sortie de l'hôpital à J7

Clinical case No 2

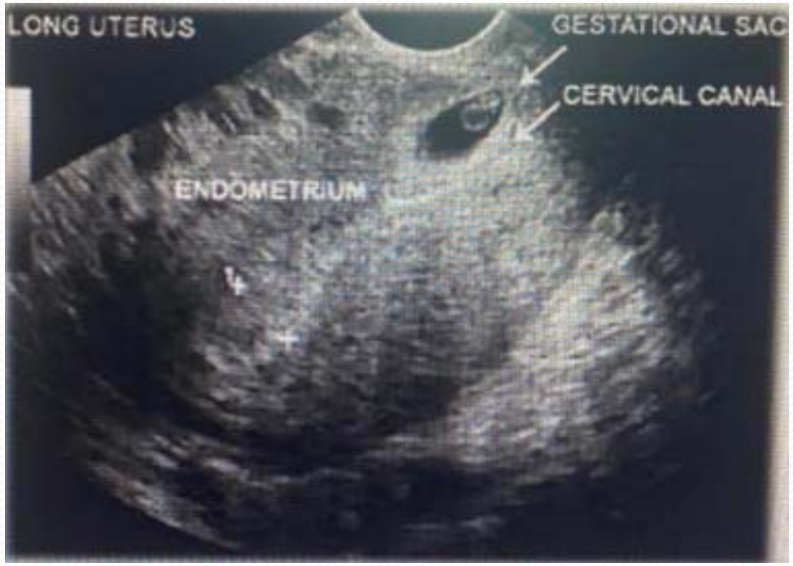
- Patiente de 40 ans,G6P4(2ème fois de césarienne),Grossesse de 10 SA
- Entrée pour douleur abdominal et MTR
- DDR= 11-01-2023
- Examen à l'entrée le 26-3-2023:
  - **Clinique:** TA=110/60mHg, P=84/mn, ventre souple, non douloureux ,TC de coloration normale,MTR minime de sang noirâtre, col fermé
  - **Biologique:** HCG=7403UI/l, Hb=11g/dl, plaquettes=304000, TP=80%, O Rh(+)

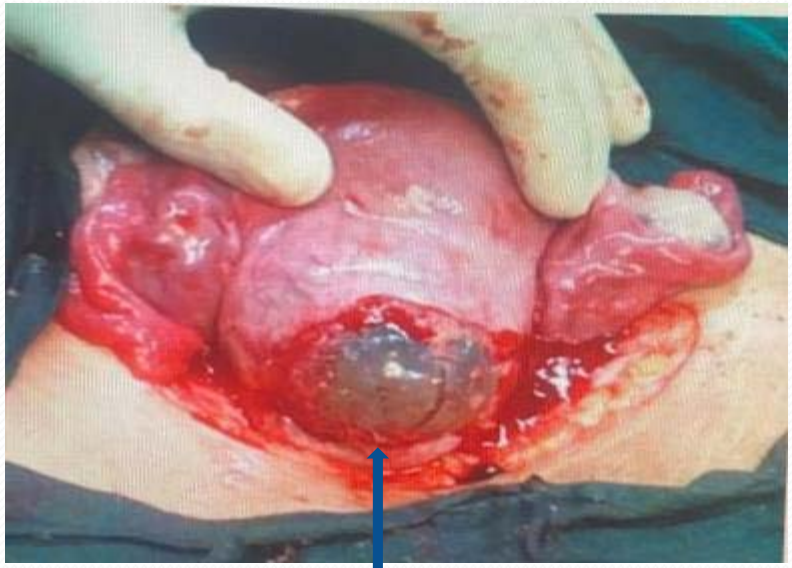
- **Echo:** Une masse hypoéchogène hétérogène de taille de 60mm X 44mm X 42 mm avec sac ovulaire déformé sans embryon occupant du moignon hystérotomie

- Le 27-3-2023: Douleur sur l'ancien cicatrice de césarienne

➢ **Diagnostic per-op** : rupture utérine incomplet sur ancienne cicatrice.

➢ **Traitement:** Hystérotomie avec LT. Patiente hospitalisation 7 jours avec sortie de bonne santé.



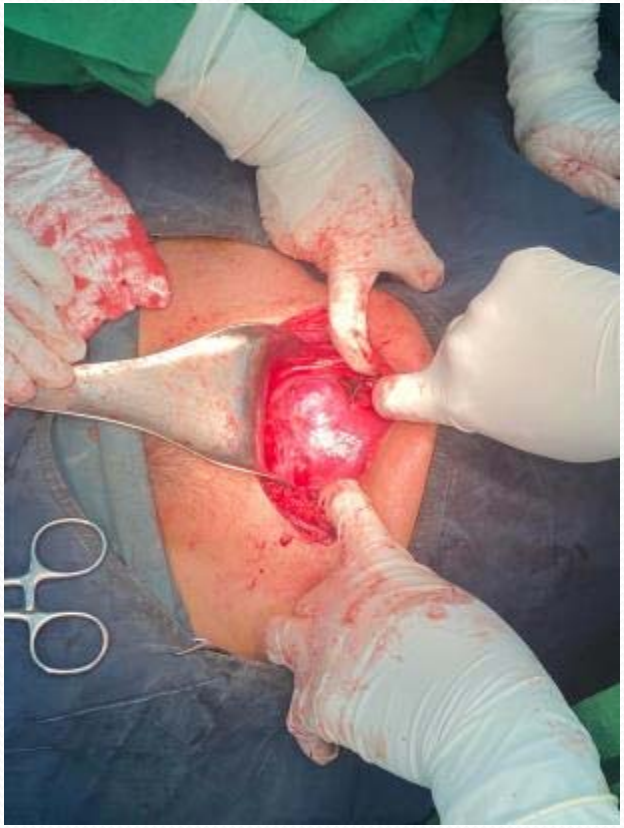


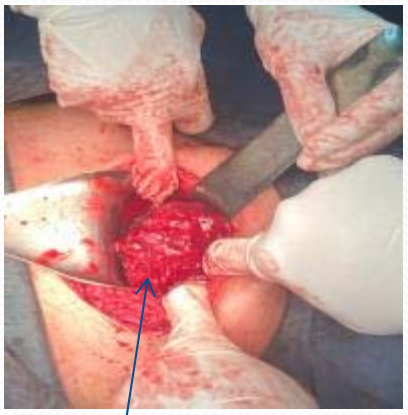
Uterus scare rupture

Clinical case No 3

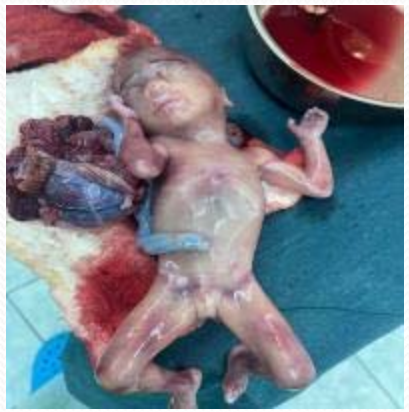
- Mme X de 33 ans ,G5P2(2fois de césarienne)
- Entrée : MTR chez une grossesse de 20SA
- Examen l'entré: le 27-3-2023:
- **Clinique:**
  - TA=100/64mHg, P=80/mn, Temp=36,5C
  - Douleur mictionnelle,
  - hgie vaginale de sang rouge minime ,
  - HU=17cm, Col: fermé
  - MAF(+),BCF(+)

- **Echo:** 1 foetus = 329g, placenta ant. bas inséré type III avec hyper-vascularisation et aspect irrégulier entre la surface du myomètre et du placenta au niveau cervico-isthmique antérieur.
- **Biologie:** Hb=10,8g/dl, Plaquettes=278 000,TP=87%, A Rh(+),
- **Diag per-op:** Placenta acreta sur cicatrice
- **Ttraitement:** Hystétotomie avec LT.



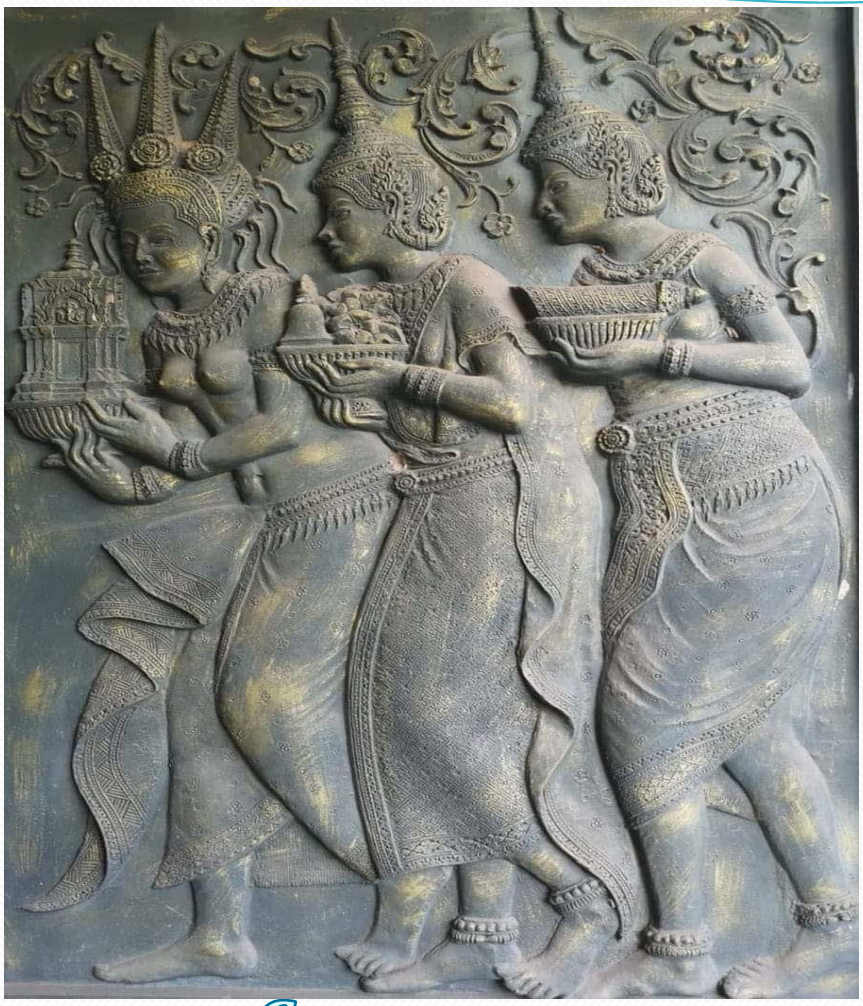


Placenta acreta sur ancienne cicatrice



IV- Conclusion

- Patient with uterine scar are subject to hospitalisation for interruption of pregnancy at any period .
- For late pregnancy: Dose of misoprostol should be twice lower.
- U.S is an important method for viewing ovum localisation on the scar and possible chorion increta into the scar.
- Suspicion on chorion ingrowth into the uterine scar : Surgical incision + local MTX are preference method.



Thank you for your attention