



## **Scarred for life - managing a pregnancy after a lower uterine segment caesarean scar ectopic**

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### **Objective**

Caesarean section rates in the Western world continue to increase. In Ireland the national average rate was 30.9% in 2015, an increase from 29.6% the previous year. Following on from this increase is the inevitable rise in iatrogenic complications including placenta praevia, placenta accreta and ectopic pregnancies developing in the uterine scar. Scar ectopics are one of the rarest variants of ectopic pregnancy and can result in serious maternal morbidity and mortality. Although pregnancies following ectopic pregnancy have been extensively reported in the literature, there is minimal evidence to guide management of pregnancy following a previous scar ectopic.

### **Methods**

We present the case of MO, a 39 year old multiparous woman.

### **Results**

Her first baby was delivered by elective LSCS for breech presentation. She subsequently had two vaginal births. Her fourth pregnancy was diagnosed as a scar ectopic and was managed with methotrexate. One year later a miscarriage was managed surgically. In 2017 she attended the early pregnancy unit at 10 weeks gestation and an intrauterine pregnancy was confirmed. There were no antenatal complications in the first or second trimester. The decision was made for elective delivery at 38 weeks by LSCS with tubal ligation. Steroids were administered at 37 weeks in line with guideline. A health female was delivered without complication. The decision was made for elective delivery at 38 weeks by LSCS with tubal ligation. Steroids were administered at 37 weeks in line with guideline. A health female was delivered without complication.

### **Conclusion**

Outcomes of pregnancies following scar ectopics are largely positive as is presented in this case. There is potential for normal antenatal course and successful delivery with repeat caesarean. Trial of vaginal delivery was not attempted in any of these cases. However, scar ectopics are rare, and there is little evidence to guide management.