



Management of cesarean scar ectopic pregnancy with methotrexate direct local infusion

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Objective

The first report of cesarean scar ectopic pregnancy (CSP) was done in 1978. The incidence of this is unknown, however, estimates are that it is between 1 in 1800 to 1 in 2, 216. Different strategies for management have been reported for this condition which is life threatening if not diagnosed early. Medical treatment involves systemic or local administration of methotrexate (MTX), potassium chloride, trichosanthin, or mifepristone. Primary surgical treatment options for CSP in patients wishing to preserve fertility include uterine curettage, hysteroscopic resection, laparoscopic resection, and laparotomy with resection.

Methods

We present two cases with cesarean scar ectopic pregnancy with a live embryo in the 9th and 8th week of pregnancy respectively. Both of the cases were treated with injection of methotrexate in the gestational sac after fetocide using KCL under ultrasound guidance. In both cases only one dose of methotrexate 25mg was needed. Levels of β hCG was monitored in maternal blood.

Results

Both cases were followed up with ultrasound. In one of our cases complete abortion of pregnancy was reported 65 days later with no complications. In the second D&C was performed due to heavy vaginal bleeding with no post operative complications.

Conclusion

Treatment modalities are either medical or surgical, and there is no consensus on the preferred mode of treatment.