

• CASE REPORT •

Uterine artery embolization in the treatment of recurrent cesarean scar pregnancy: report of two cases and literature review

Zhen-bo OUYANG¹, Qian YIN², Song QUAN², Yuan-mei XIE¹, Yun-huai GUO³,
Qiu-shi ZHANG¹

1. Department of Gynecology, Guangdong No.2 Provincial People's Hospital, Guangzhou 510317, China

2. Department of Obstetrics and Gynecology, Nanfang Hospital, Southern Medical University, Guangzhou 510515, China

3. Department of Ultrasonography, Guangdong No.2 Provincial People's Hospital, Guangzhou 510137, China

Despite the optimal therapeutic protocols of cesarean scar pregnancy (CSP) has not been established, and in the majority of cases, most of women's uterus and fertility can be preserved through prompt and active treatment. But due to the rarity of CSP, little is known about the outcome of subsequent pregnancies, especially in an even rarer situation, a recurrent CSP. We report 2 cases of recurrent CSP women who want to preserve their fertility treated by repeated uterine artery embolization and provide a review of the literatures.

Key words: uterine artery embolization; recurrent cesarean scar pregnancy (CSP); gelfoam; treatment

Cesarean scar pregnancy (CSP) is a very rare form of ectopic pregnancy, which is characterized by a pregnancy sac located on the scar of a previous cesarean delivery^[1-3]. In the past decade, with the increased rate of cesarean section and widespread application of assisted reproductive technology (ART), the incidence of CSP has increased^[1]. Fortunately, with the advance of ultrasound techniques and growing awareness about the disease, more patients can be diagnosed earlier and more accurately^[1,4]. Although in most cases, patients' uteri and fertility can be preserved through conservative treatment, because of the condition's

This study was supported by Medical Science and Technology Research Fund of Guangdong (No. B2013063)
Corresponding author: Zhen-bo OUYANG; Tel: +86-20-89168088; E-mail: ouyangzhenbo@163.com

rarity, little is known about the outcome of subsequent pregnancies. This is especially true in the situation of a recurrent CSP, which is even more rare^[5,6]. We herein described two cases of recurrent CSP treated by uterine artery embolization (UAE), and reviewed the related literatures.

Case report

Case 1

A 36-year-old woman, gravida 3 para 2, with a history of vaginal bleeding, was seen for an early pregnancy ultrasound scan. She had a history of 2 cesarean deliveries (7 years ago; 2 years ago). Initial transvaginal sonography (TVS) revealed a 7-week fetus on the previous scar area and the uterine cavity was empty (Figure 1). The fetus was alive, as cardiac activity could be detected. The myometrium at the implantation site appeared severely deficient, measuring only 1.6 mm by sonography. Her initial hemoglobin (Hb) level was 94 g/L, and no β -hCG level was noted. After counseling on treatment options, the patient decided on suction curettage and the procedure was uneventful. However, 20 min later, uncontrolled bleeding of about 1 200 ml occurred and an emergency UAE was performed, in which polyvinyl alcohol (PVA, 500–700 μ m in diameter) was used as an embolic agent (Figure 2). Four units of red blood cells were transfused peri-operatively. The postoperative recovery was uneventful and the patient was discharged after 4 d without any other operation.

Eighteen months later, the patient was admitted again due to history of vaginal bleeding. TVS revealed a 5-week, 4-day-old recurrent CSP, with no cardiac activity (Figure 3). The patient's β -hCG level was 28 935.5 IU/L. After discussion, she opted for a UAE and subsequent suction evacuation under ultrasound guidance. The internal iliac arteriography revealed that the proximal trunk of bilateral uterine artery was occlusion, but the superior vesicle artery and/or internal pudendal artery was communicated with the distal trunk of the uterine artery (Figure 4). Thus, a superselective uterine artery catheterization was conducted. Before the uterine arteries were embolized with gelfoam particles (300–500 μ m in diameter), 50 mg of methotrexate (MTX, Pfizer, Australia) was infused via the bilateral arterial catheter. After 30 h, uterine curettage was performed under ultrasound guidance. The postoperative recovery was uneventful and the patient was discharged 2 d later. Over the course of the next 3 weeks, her β -hCG level decreased steadily to zero.

Case 2

A 33-year-old woman, gravida 3 para 2, with a history of 2 cesarean deliveries (7 years ago; 10 months ago) was an emergency admittance to our hospital due to massive vaginal bleeding. Two days earlier, TVS in another hospital revealed a 6-week, 5-day-old fetus on the previous cesarean scar area. On her own, the patient had taken a total of 150 mg of mifepristone (2 tablets, bid, Hubei Gedian Humanwell Pharmaceutical Co., Ltd) before the

Download English Version:

<https://daneshyari.com/en/article/3964123>

Download Persian Version:

<https://daneshyari.com/article/3964123>

[Daneshyari.com](https://daneshyari.com)