

## Cesarean scar pregnancy: A rarity no more? A report of two cases

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Cesarean scar pregnancy (CSP) is defined because the implantation of a gestational sac within the scar of a previous cesarean surgery. If CSP is maintained, there are potentially higher risks that include uterine rupture, devastating haemorrhage, loss of subsequent fertility and even maternal mortality. Therefore, the quality protocol for CSP management is to terminate the pregnancy. To raised understand CSP, an appreciation of placental development is vital. As a quick overview, at the time of implantation, the blastocyst leads to modification of endometrial stromal cells, which reinforces the decidualization reaction. The decidua, in turn, is in a position to manage endometrial receptivity to modulate architectural changes that facilitate immune and vascular cell function to further trophoblastic invasion.

Little is understood about the mechanism and aetiopathology of CSP. Endometrial and myometrial disruption or scarring might be predisposing factors in abnormal pregnancy implantation. The foremost probable mechanism explaining scar implantation is invasion by the implanting blastocyst through a microscopic tract that develops from the trauma of an earlier CS. The presence of a CS scar within the uterus can also inhibit implantation of the gestational sac secondary to the more global effect of prior surgery on the endometrium, instead of just the physical presence of a scar. the danger of scar implantation could be proportional to the dimensions of the anterior uterine wall defect, possibly caused by a bigger area induced by the scar.

Once a diagnosis of CSP has been established, the patient should be counselled about her options. The presence of a live CSP requires immediate and decisive action to stop further growth of the embryo or foetus. Literature from the past decade, particularly from the past several years, makes evidence-based counseling possible.

In general, treatment should be individualized, supported the patient's age, number of previous cesarean deliveries, number of youngsters, and therefore the expertise of the clinicians managing her care.

Cesarean scar pregnancy is that the rarest sort of extrauterine pregnancy. Within the Philippines, little is understood about its incidence and occurrence. However, increasing rates worldwide is now being documented and is closely being associated with the increasing cesarean delivery rates. This paper reports two cases of cesarean scar pregnancy who both presented with vaginal bleeding. the primary case may be a Gravida 6 Para 5 (5005), while the second case may be a Gravida 3 Para 2 (2002), who were diagnosed early by ultrasonography but managed differently. the primary case was managed by hysterectomy on the opposite hand; the second case was managed conservatively by laparoscopic excision of the cesarean scar pregnancy. Close follow up with serial betahCG monitoring was finished the second case until normalization of its level. This paper intends to boost awareness of the increasing incidence of cesarean scar pregnancy, its pathophysiology, different options within the diagnosis and management. Recommendations were made to decrease the incidence of cesarean delivery, thereby, lowering the occurrence of cesarean scar pregnancy. The incidence of cesarean scar pregnancy has increased thanks to early and accurate diagnosis by ultrasonography. Several factors would tend to affect its management, identifying these factors would tailor fit the management consistent with the requirements of the patient.