

**Successful vaginal delivery after surgical evacuation of caesarean scar ectopic pregnancy: A case report****Suchana Dhital, Beena Subba and Abha Govind**  
North Middlesex University Hospital, UK

**T**his case study aims to review timing and mode of delivery in women in subsequent pregnancy following caesarean scar ectopic pregnancy. Caesarean Scar Ectopic Pregnancy (CSP) is a rare form of ectopic pregnancy. Subsequent pregnancy following CSP is usually associated with complications such as miscarriage, placenta previa or accreta, life threatening haemorrhage leading to hysterectomy and uterine rupture threatening lives of mother and fetus. Given the low incidence of CSP, even lower rate of successful conception rate following CSP, lack of consensus on treatment modalities of CSP and subsequent pregnancy and risk of complications, delivery of women with subsequent pregnancies following CSP is usually carried out by caesarean section at term. We report on a case describing uncomplicated pregnancy course and successful vaginal delivery of a woman who had had caesarean scar ectopic pregnancy previously.

The case of 38-year-old, Gravida 7 P2+4, who was diagnosed with a CSP in her 5th pregnancy and managed by evacuation of caesarean scar ectopic pregnancy, was followed up from

7+6 weeks of pregnancy till postpartum period. She was induced with dinoprostone at 37+3 weeks of pregnancy. Labour was conducted under epidural analgesia, blood was readily available and the fetus was continuously monitored throughout labour. Healthy baby of birth weight 3.19kg was delivered without complications with second degree perineal tear. Obstetric management was largely based upon current literature and professional experience as there are not specific guidelines for the management in subsequent pregnancy after CSP. Although, subsequent pregnancy following caesarean scar pregnancy is associated with significant morbidity at all stages of pregnancy, hence, is recommended to deliver women by caesarean section at term, this case demonstrates that vaginal delivery can be an option with careful case selection, close monitoring and informed consent from patient.

**Speaker Biography**

Suchana Dhital is a Speciality Registrar in Department of Obstetrics and Gynaecology at North Middlesex University Hospital, London.

e: suchana.dhital@gmail.com

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