

Isthmocele: Problem and solution

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With the incidence of caesarean section raising worldwide, there is an emerging number of its various both short and long-term complications. One of these complications is isthmocele – a pouchlike defect in the myometrium of the anterior uterine wall at the site of the previous caesarean section. According to the available literature, the prevalence of isthmocele varies significantly, but is reported to be as high as 60-70% after a primary section, reaching 100% after three consecutive sections.

The majority of isthmoceles are asymptomatic. However, in patients with previous caesarean section and abnormal uterine bleeding, dysmenorrhoea, dyspareunia, or chronic pelvic pain – an anterior uterine wall defect is frequently encountered. Additionally, there is a correlation between secondary infertility and the presence of isthmocele. Rarely, caesarean scar ectopic pregnancy and uterine rupture present themselves as serious complications of caesarean scar defect.

The treatment of symptomatic isthmocele is surgical, the main principle being resection of the defect and reconstruction of the myometrium. In addition to the classic abdominal via laparotomy and vaginal route, both laparoscopy and hysteroscopy were recently established as safe, efficacious and less invasive approach in the surgical restoration of the uterine wall.

Its high prevalence, potentially serious morbidity and significant impact on the quality of life, bring the spotlight to the entity of isthmocele and its related consequences. The emphasis is put on establishing its risk factors, determining prevention strategies and the most appropriate treatment methods.

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