

# Про "підступність" післяопераційних рубців на матці

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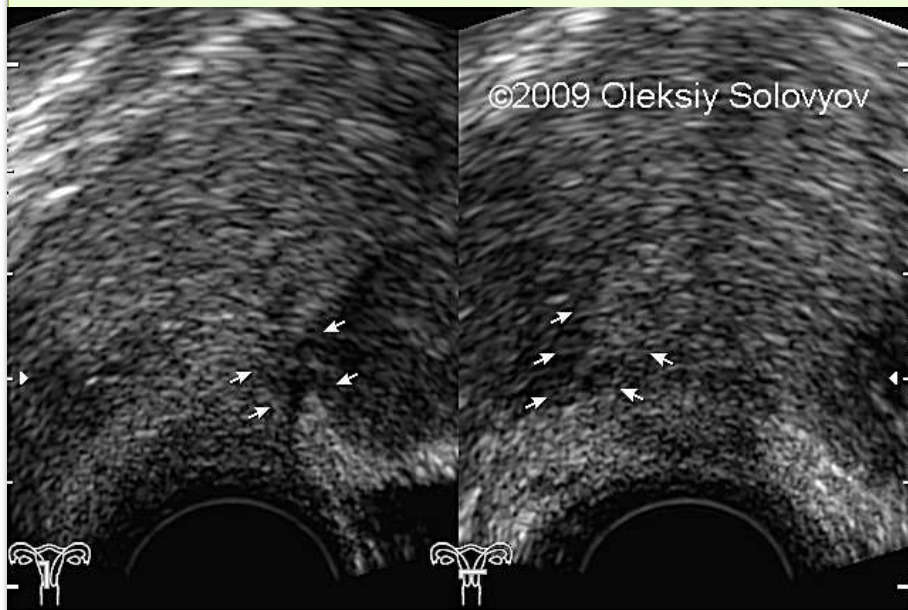
# Випадок 1

- При першому зверненні - вагітність, що не розвивається, в ділянці післяопераційного рубця



# Випадок 1

- Лікування міфепростоном, гістероскопічна резекція двічі у двох столицях двох країн; наскрізний дефект міометрія залишився



# Випадок 1

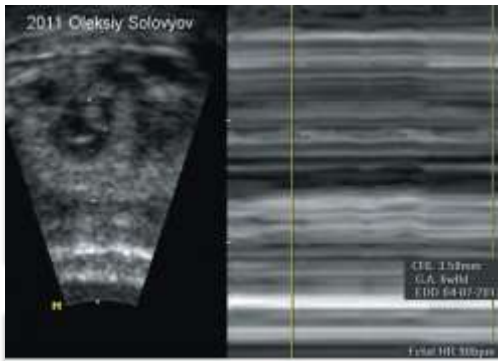
- Наступна вагітність, на щастя пацієнтки, прикріпилася вище рубця, розвивалася добре і завершилася плановим цісарським розтином; дитина жива та здорова



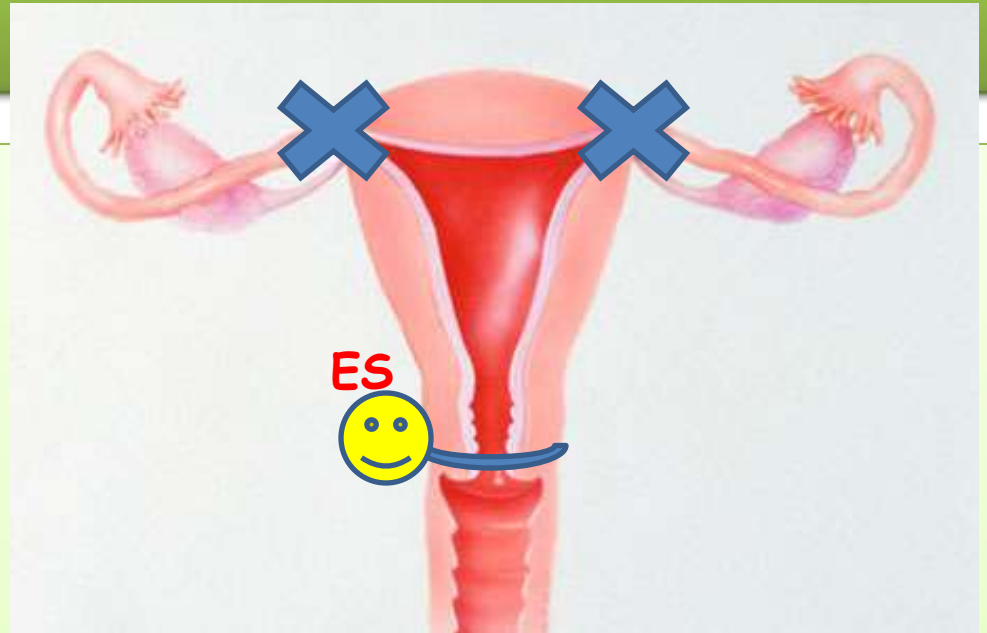
## Випадок 2

- Пацієнтка Н, 37 років
- Вторинна неплідність
- В анамнезі - 3 ляпаротомії:
  - цісарський розтин (9 років тому)
  - тубектомії (5 і 1 рік тому)  
(позаматкові вагітності)
- 3 невдалих спроби ЗІВ
- 4-та спроба (кріоцикл) - вагітність





Але!

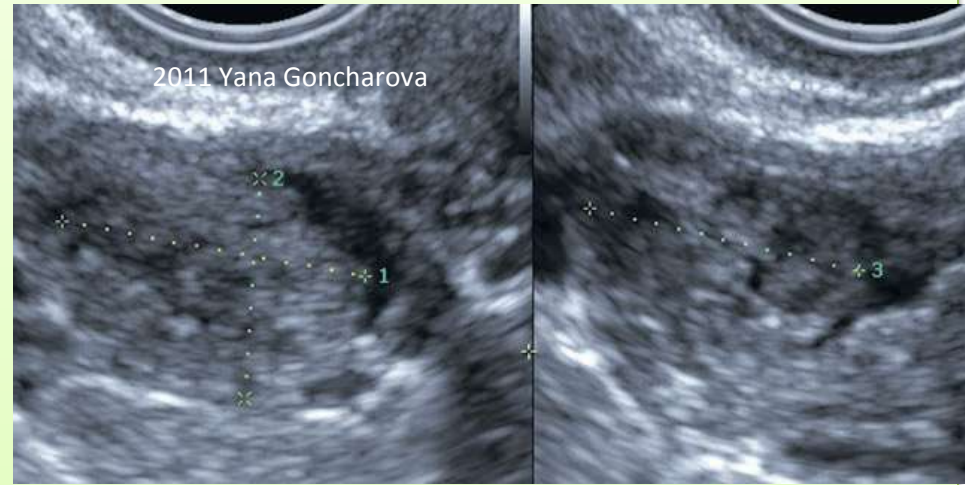


## Випадок 2

- Тонкоголова аспірація + метотрексат (місцево + системно)



Одразу після введення метотрексату



Через 2 дні після введення метотрексату

# Випадок 2





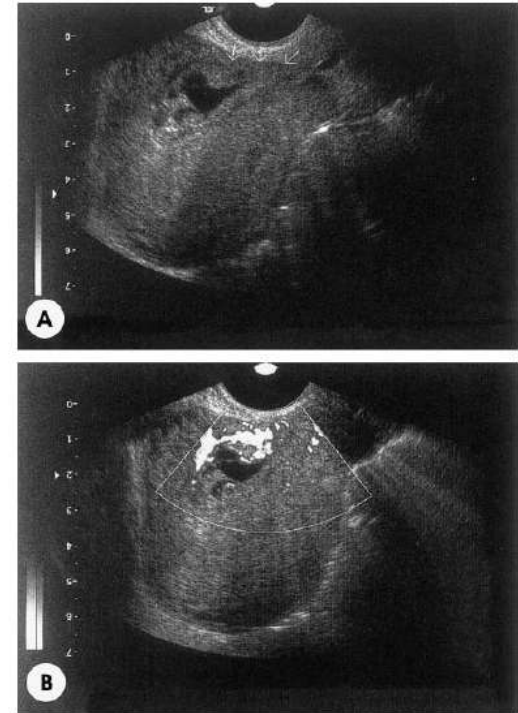
## Ectopic pregnancies in a Caesarean scar: review of the medical approach to an iatrogenic complication

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R.Maymon<sup>1,3</sup>, R.Halperin<sup>1</sup>, S.Mendlovic<sup>2</sup>, D.Schneider<sup>1</sup> and A.Herman

Jurkovic *et al.* (2003) and Seow *et al.* (2004) have estimated that the prevalence of Caesarean scar pregnancy in their local population of women attending the early pregnancy assessment unit is ~1:1800 and 1:2216 respectively. Its true incidence, however, has not been determined because so few cases have been reported in the literature: only 18 cases appeared in the literature between 1978 and 2001 (Fylstra, 2002; Seow *et al.*,

English language were included. We tallied 66 cases (including four case series) that had been added since 2002 (Table I). This value may reflect both the increasing number of Caesarean procedures currently being performed (Shennon, 2003), as well as the more widespread use of transvaginal scanning that enables an earlier detection of such pregnancies (Jurkovic *et al.*, 2003).





**Fig 2**

A 7 weeks caesarean scar pregnancy showing herniation of gestational sac into myometrial defect

The true incidence of this condition is unknown because the literature primarily consists of case reports. However the reports of such pregnancies have grown in the last few years, possibly as a result of increasing number of caesarean sections, new reproductive techniques, improved diagnosis and methods of

# Тактика

## **Conservative medical treatment**

Systemic administration of MTX is a standard treatment for tubal ectopic pregnancy. There should be no reason to doubt its efficacy on CSP. Furthermore, systemic administration of the drug has not been reported to cause any adverse effects such as nausea, stomatitis, alopecia, pneumonitis, etc.<sup>22</sup> in the treatment of CSP. Indeed, CSPs have been shown to respond well to it (dose of 50 mg/m<sup>2</sup>), especially in those with  $\beta$ -hCG levels < 5000 mIU/ml.<sup>30,40</sup> Conservative medical treatment is appropriate for a woman who is pain free and haemodynamically stable with an unruptured CSP of <8 weeks of gestation and a myometrial thickness < 2 mm between the CSP and the

## **Local injection of embryocides**

This has been successfully reported with local injection of MTX,<sup>15,40,43</sup> potassium chloride,<sup>15,44</sup> hyperosmolar glucose<sup>36</sup> and crystalline trichosanthin.<sup>24</sup> Under ultrasound guidance, MTX can be injected locally to the gestation sac via transabdominal or via transvaginal route. Transabdominal route requires

## **Medical treatment combined with surgical sac aspiration**

Medical treatment—systemic or local, single agent or com-

### **Hysteroscopic evacuation**

In 2005, Wang *et al.*<sup>49</sup> have described a successful treatment of CSP by operative hysteroscopy and suction curettage, the first of its kind reported in English language literature. At 4-week follow up, serum  $\beta$ -hCG level became normal, with restoration of normal echotexture of the uterus on ultrasound scan.

### **Laparoscopic removal**

Lee *et al.*,<sup>61</sup> the first to perform a successful laparoscopic resection of a CSP, have reported four such cases followed by others.<sup>33,35</sup> Operative laparoscopy should be performed

Безумовно,  
найгірший випадок  
позаматкової  
вагітності, що я  
бачив



Дякую!