Case study

LIFE THREATENING MISDIAGNOSIS: SCAR ECTOPIC PREGNANCY

Abstract:

*Scar ectopic pregnancy is the **rarest form** of ectopic pregnancy It s a life-threatening form of abnormal implantation of embryo within the myometrium and fibrous tissues in a previous scar on the uterus, especially following caesarean section*

*The **early and accurate diagnosis** with timely management can prevent pregnancy complications such as haemorrhage, uterine rupture and can preserve fertility [(1)]*

Key words: Scar Ectopic, Caesarean , Pregnancy, TVS , Ultrasound ,

Introduction:

Failure to diagnose and misdiagnosis of an illness or injury are the basis of many medical malpractice lawsuits. Misdiagnosis on its own is not necessarily medical malpractice, and not all diagnostic errors give rise to a successful lawsuit. Even highly experienced and competent doctors make diagnostic errors. Instead, the misdiagnosis or failure to diagnose must result in improper medical care, delayed treatment, or no treatment, which in turn must result in a worsening of the patient's medical condition in order for the malpractice to be actionable [3]. A misdiagnosis case may involve a wrong diagnosis, a missed diagnosis, a delayed diagnosis, or a failure to recognize complications that change or aggravate an existing condition. Sometimes a doctor diagnoses one condition correctly but misdiagnoses another condition or fails to realize that there is a second diagnosis that needs to be made [4,5].

Case Report:

*A **25yr Female** patient presented with 2 months ammenorhea and marked bleeding per vaginum. She had history of **previous 2 caesarean section** done due to fetal distress.*

*In view of pregnancy ,the initial TVS imaging was reported as retained product of conception leading to misdiagnosis of the case as **incomplete abortion.***

Dilatation and curettage was done and the patient was discharged subsequently.

In the next few days the patient had continuous episodes of bleeding p/v which lead to development of hemorrhagic shock. Blood transfusion was initiated and the patient was

stabilized. ***B-HCG was found to be raised*** *(7500mIU/L) which showed an increasing trend in the subsequent days.*

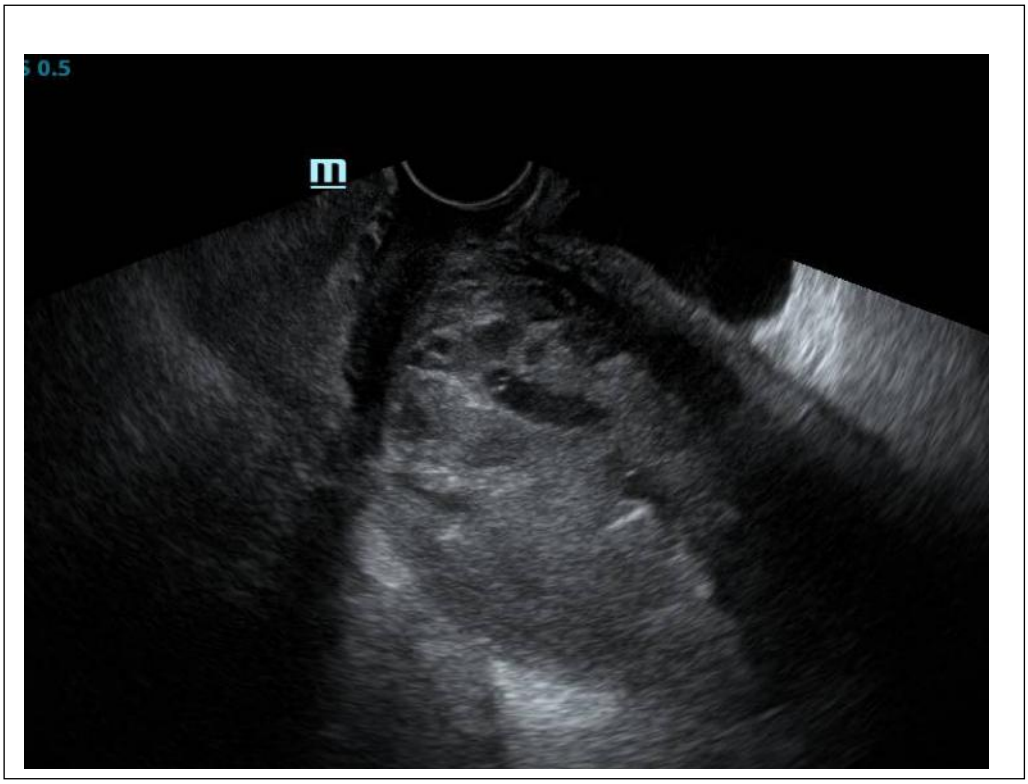
Further imaging lead to the diagnosis of ***scar ectopic on TVS and MRI.***

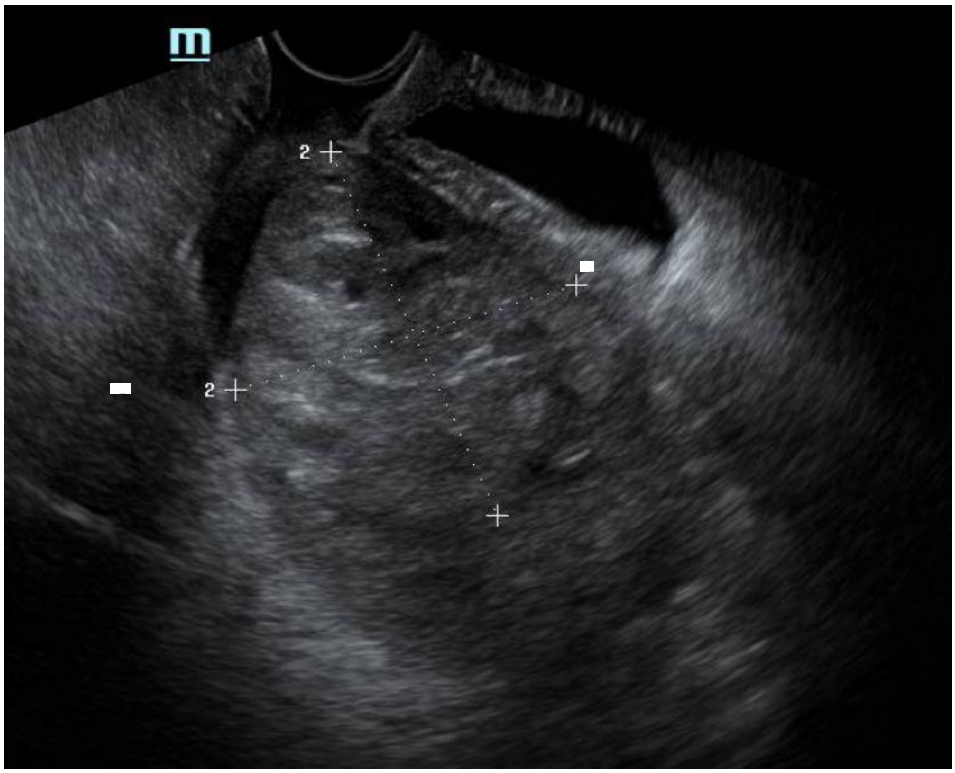
<u>Imaging:</u>

<u>TVS Scan</u>

On Doppler examination, heterogenous mass with hyperechoic rim with excessive vascularity was seen in lower uterine segment. The mass was bulging anteriorly and infiltrating into bladder.

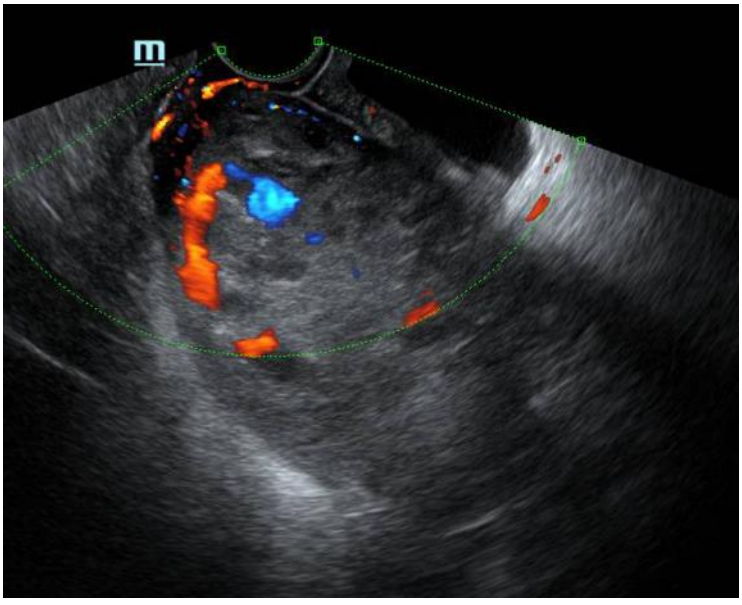
MMM





M: Mass B: Bladder

Fig 2. TVS Scan 2 of patient



MRI PELVIS

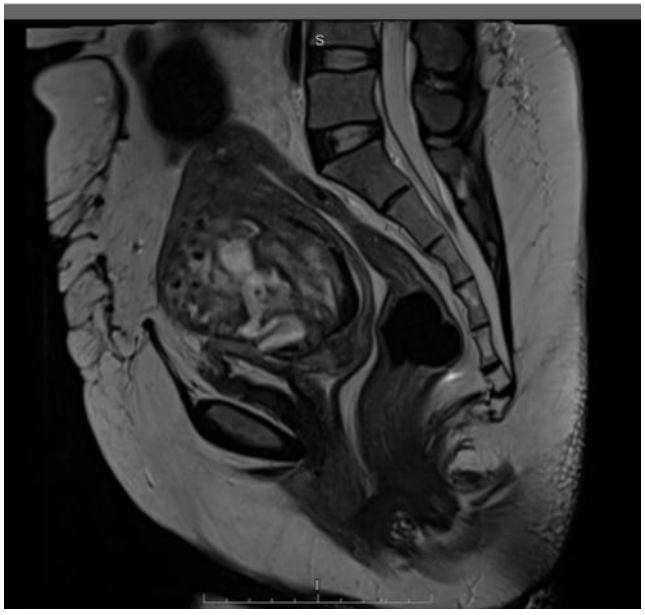


IMAGE 1: T2WI SAG

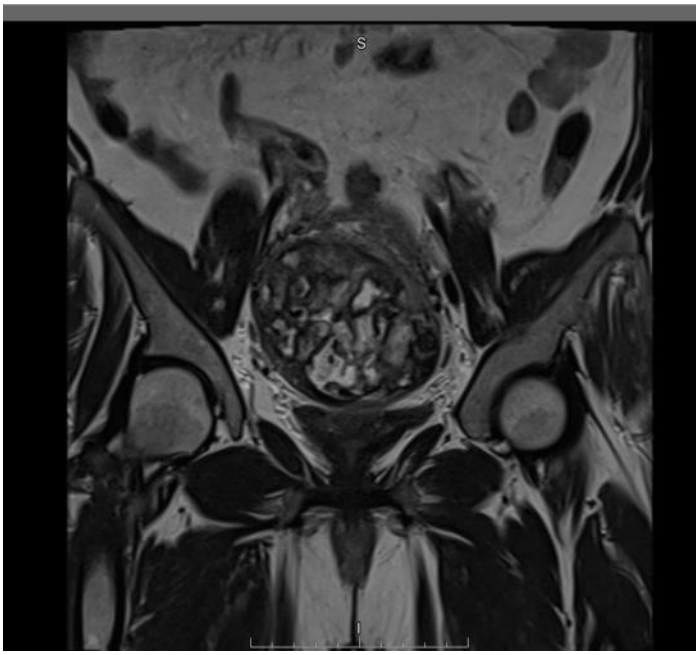


IMAGE 2: T2WI COR

IMAGE 3: T1WI TRA

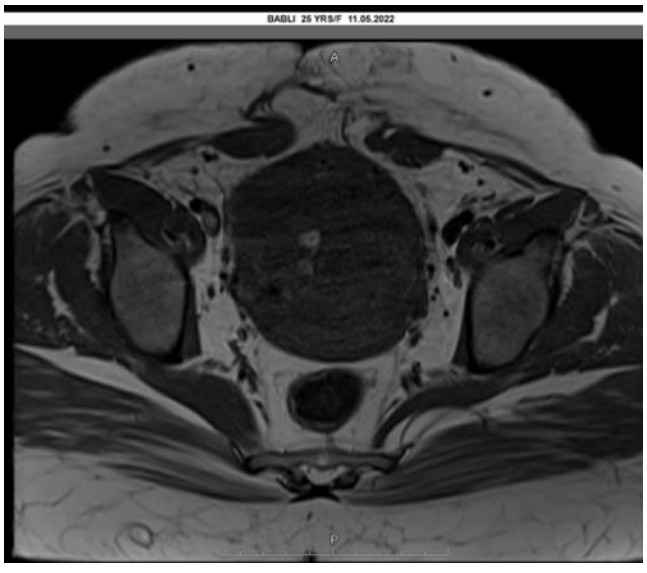


IMAGE 4: GRE

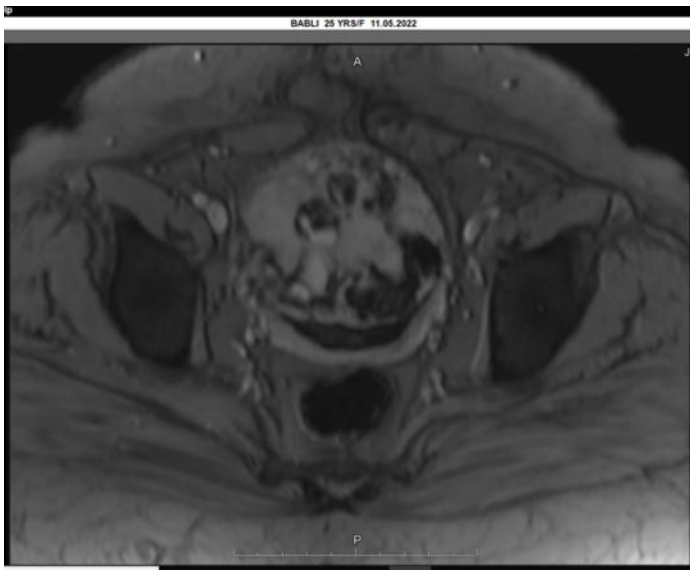
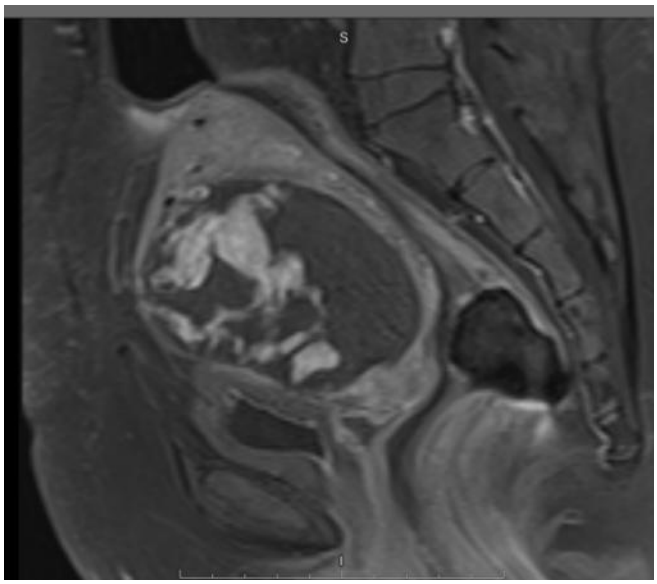


IMAGE 5: T1Post Contrast FS SAG



Discussion

INTERPRETATION:

The images shown an altered signal intensity lesion with areas of T1/T2 hyper intensity showing blooming on GRE (hemorrhagic areas) at lower uterine segment at caesarean scar site . The lesion is eccentrically bulging out anteriorly and is having focally indistinct margins with superior aspect of urinary bladder

Post contrast images shows strong heterogeneous enhancement within the solid areas of the lesion with non-enhancing hemorrhagic areas. Contrast enhancement is noted in superior aspect of bladder indistinct with the ectopic tissue (Infiltration) S/O Grade IV Ectopic pregnancy at scar site

The posterior wall of lower uterine segment and fundus of uterus appear normal with normal endometrium within the fundus and upper uterine body.

PATIENT COURSE

The patient was initiated on methotrexate therapy and subsequent ***B HCG levels showed a gradual declining trend.*** *However the patient continued bleeding per vaginum and further lapratomy was done.*

It revealed a vascularized mass adhered to lower uterine segment at the scar site with infiltration into bladder.Histopathology of the specimen confirmed the diagnosis of scar ectopic pregnancy

CONCLUSION:

Caesarean scar ectopic pregnancies can have very fatal and poor outcomes, including uterine rupture, massive haemorrhage and maternal death. Thus, it is important that early and accurate diagnosis of Caesarean scar pregnancy is obtained in order to avoid complications and preserve fertility. [2]

For its diagnosis endovaginal ultrasonography and color flow Doppler are very helpful.MRI has important role when sonography is equivocal or inconclusive before therapy or intervention. [2]

CONSENT

Written informed consent was obtained from the patient for publication of this case report and accompanying images.

REFERENCES:

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