

Caesarean Scar Ectopic Pregnancy – Uncommon Complication of a Common Surgery?

Dr Kamala Swarnamani (M.S.0G)

PSG Institute of Medical Sciences and Research, Off Avanashi Road, Peelamedu, Coimbatore, Tamil Nadu, 641004, India

ABSTRACT

Objectives: To analyse the incidence, presentation, diagnosis, treatment modalities and follow up of patients with Caesarean Scar Ectopic Pregnancy (CSEP) in a tertiary care referral hospital between 2012 and 2017. **Methods:** A total of nine cases were identified by retrospective analysis of case records and operation theatre registers and patients were followed up for complications and future pregnancies. **Results:** The incidence in our study was 1:1200 which is higher when compared to studies reported in literature (1:1800-1:2200). 6 patients had a definitive diagnosis of CSEP whereas 3 of them had been treated as intrauterine pregnancies and evacuation attempted resulting in profuse haemorrhage. The gestational age at presentation ranged from 5-8 weeks and cardiac activity was detectable in 3 of the cases. The interval between the antecedent caesarean section and the CSEP varied between 1-10 years. The treatment modalities offered include systemic methotrexate, selective uterine artery embolisation, ultrasound guided evacuation, resection by laparotomy with one patient managed by hysterectomy following catastrophic bleeding. 8 of the 9 patients had more than one mode of management whereas one patient was managed by methotrexate alone. Surgery was the commonest management modality (8 cases) followed by uterine artery embolisation (4 cases). 5 patients had emergency surgery whereas 3 of them had elective resection following failed medical therapy. 2 patients underwent concurrent sterilisation during scar excision. One patient who underwent scar excision conceived 2 years later, had an uneventful pregnancy and delivered at term by elective caesarean section. All the patients had an uneventful postoperative period. **Conclusion:** With the increasing incidence and rise in awareness amongst healthcare professionals regarding the diagnostic criteria of CSEP, complications due to misdiagnosis/delayed diagnosis could be reduced significantly. There is no single best treatment option for CSEP; management has to be individualised. More studies with larger numbers might be needed to frame guidelines for uniform management.

The Efficacy of Modified Viennesse Manual Perineal Protection (VMPP) versus Conventional Technique in Perineal Protection at Second Stage of Labour: A Randomize Comparative Study

Zalina Nusee^{1,2}, Ruztini Jenal^{1,2}, Zulpadli²

¹International Islamic University Malaysia, ²Hospital Tengku Ampuan Afzan, Kuantan

ABSTRACT

Introduction: The modified Viennese manual perineal protection (VMPP) is a modified method based on an experimental study on a computerized biomechanical model of the perineum by Jansova and colleagues. It determines the exact placement of fingers on the perineum that has less perineal tension with the minimal perineal injury. **Aim:** To evaluate the effectiveness of modified VMPP in protecting the perineal injury and need of episiotomy compared to conventional method. The associated risk factors for perineal injury were also identified. **Methodology:** A randomize case control study on laboring women without previous vaginal delivery at the tertiary hospital. The modified VMPP was based on a method described by Jansova et al. (2014). The sanitary pad was used to support and protect perineum in the control group. **Result:** A total of 158 women were recruited and divided into modified VMPP group (n=71) and control group (n=78). Nine cases were excluded due to instrumental deliveries. Thirty two (21.5%) women had intact perineum mainly in modified VMPP group (p=0.022). There were 81 (54.4%) cases of first degree perineal tear, 16 (10.7%) second degree tear and 26 (18.7%) required episiotomy which is more in the control group (p=0.548). None of the participants suffered third or fourth degree perineal tears. The more advanced maternal age, the higher BMI and larger infant's head circumference, the higher the risk of perineal injury. **Conclusion:** Modified VMPP is effective in minimizing perineal injury and less need for an episiotomy. The risk of perineal injury is higher with increasing maternal age, BMI and fetal head circumference.

KEY WORDS:

Modified VMPP, Perineal tear, Episiotomy, Manual perineal protection, Second stage of labour