Women's Acceptability and Perception on Transvaginal Ultrasound Examination (NMRR 16-1790-32793)

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ABSTRACT

Objective: To establish the acceptability and perception of transvaginal ultrasound (TVU) among women attending Early Pregnancy Assessment Clinic, Hospital Kemaman. Method: Women in early pregnancy with viable intrauterine pregnancy were invited to give their opinion on transvaginal ultrasound examination. Information collected were their concern before and after the examination, and their experience during the transvaginal ultrasound. Results: A total of 59 women underwent TVU from the total of 62 (95% acceptability). These patients were more relaxed and less worried or tense after the examination compared to before the procedure. This is related to low mean score concerning discomfort (2.95/10) and painful sensation (2.17/10) during the TVU. However, the mean embarrassment score (3.95/10) was higher than other negative feelings. Almost 75% of them felt the experience was better than expected, leading to 100% of them expressing the willingness to undergo repeat TVU in the future. Conclusion: Despite the high acceptability rate of transvaginal ultrasound in early pregnancy, majority of the women were concerned about embarrassment during the procedure. Discomfort and painful sensation were reported as slight by most of them, and will not prevent them from undergoing a repeat procedure in the future.

KEY WORDS:

Transvaginal ultrasound, acceptability, early pregnancy

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A Rare Case Report of Caesarean Scar Ectopic Pregnancy

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ABSTRACT

Objective: The true incidence of scar ectopic pregnancy has not been determined because so few cases have been reported in the literature. However, the incidence of such cases seems to be on rise in view of increasing number of caesarean section being performed and the use of transvaginal scan that allows early detection of such cases. We report a rare case of a 29 years old G4P3 with 3 previous caesarean deliveries with short interpregnancy interval, diagnosed as leaking caesarean scar ectopic pregnancy with the help of sonography. We present the clinical details and imaging findings followed by discussion of the etiology, pathogenesis, and imaging of this condition. Method: Transabdominal sonography supplemented by transvaginal sonography revealed a gestational sac in the anterior myometrium of the lower uterine segment with a significant free fluid in the abdominal cavity. Result: Patient underwent laparotomy and excision of trophoblastic tissue with uterine repair and sample was sent for histopathological examination for confirmation. Conclusion: Caesarean scar pregnancy which presents about 5% of ectopic pregnancy in women with previous caesarean section is a rare lethal form of ectopic pregnancy where the trophoblasts implant on the niche of the scar. The pregnancy should be terminated upon confirmation of diagnosis in view of the risk of uterine rupture and life-threatening bleeding. It is important that early and accurate diagnosis of caesarean scar pregnancy is obtained in order to avoid complications and preserve fertility.