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Caesarean scar defect: A case report

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ABSTRACT

Introduction: Caesarean scar defect (isthmocele) is a known complication after delivery via Caesarean section. It is increasing in incidence due to increasing rates of Caesarean sections and is associated with problems including uterine rupture, caesarean scar pregnancy and haemorrhage. We report a case involving a patient who developed this complication following a suction and curettage. **Case Description:** The patient is a 31-year-old lady, G3P2 at 9 weeks POA who presented with per vaginal bleeding for 3 days without abdominal pain, passing out products of conception (POC). On assessment, uterus was 16 weeks size, with well healed scar, no tenderness. Transabdominal scan showed an anteverted uterus with an intrauterine mass of mixed echogenecity. Suction and curettage was done. Intraoperatively, patient had persistent bleeding despite complete evacuation and administration of uterotonics, thus mechanical tamponade was done. However, patient still had persistent PV bleeding despite mechanical tamponade. Transabdominal scan was done to rule out possible undetected perforation, however, noted uterus empty, endometrial thickness 4 mm and no free fluid. Patient was brought into OT and a hysterectomy was carried out. **Discussion:** We believe that early recognition and treatment of a Caesarean scar defect especially prior to conception can improve the outcome for mother and fetus by reducing the risk of uterine rupture, Caesarean scar ectopic pregnancy and morbidly adherent placenta. We hope that awareness can be encouraged among colleagues who treat patients with history of previous Caesarean sections to prevent complications in patients who suffer from such defects.

A-002

Invasive cervical cancer: A lung secondary that wasn't. Disease free survival after 9 years post-radical surgery and adjuvant therapy

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ABSTRACT

Introduction: A CT Scan lung secondary need not be a lung secondary but could be an end-on-vessel or an end-on-bronchiole of the lungs. **Case Description:** Patient was a 66 years-old Para 2, was seen 9 years ago with invasive cervical cancer FIGO Stage 1b1. Full history, examination, evaluation was done. A pre-operative CT Scan thorax, abdomen and pelvis was done. A solitary lung secondary was seen. It was reviewed by Consultant Radiologist who determined it could be an end-on-vessel or bronchiole or a secondary. The complexity of the situation was conveyed to the patient and family. If really FIGO Stage 4 the disease was not operable. If operate needs close follow-up and could be a growing solitary lung secondary. They requested for radical Wertheim's hysterectomy. She is alive today. No clinical, vault smear or PET CT scan recurrences. No residual disease was evident. Follow-up CT & PET CT scan reveals that the lung nodule was not hot and remained the same size. She had further 6 cycles of chemotherapy in view of adverse histopathological features and adjuvant radiotherapy. She has been asymptomatic since then, fit enough to look after grandchildren. She was last seen in August 2019 and has been well on regular follow-ups. **Discussion:** Not all solitary lung nodules are solitary invasive lung nodules. A solitary lung nodule requires careful evaluation before a patient is designated to a FIGO Stage 4 disease.