Presented by

What’s Your Diagnosis?

**Patient Presentation:** 32-year-old G2P1 female with abdominal pain and vaginal bleeding. The patient has a positive beta-HCG.

**Studies Performed:** Transvaginal ultrasound.

**Finding:** Empty uterine cavity with visualization of the endometrium. Gestational sac located within the anterior portion of the lower uterine segment at presumed site of cesarean scar. Peritrophoblastic color Doppler flow around the gestational sac.

Diagnosis of cesarean section ectopic pregnancy.

**Key Points:**
- Ectopic pregnancies occur in approximately 2% of all pregnancies in the U.S. Cesarean section ectopic pregnancies are the most rare form of ectopic pregnancies. Rate estimated between 1 per 1,800 and 1 per 2,226 pregnancies. Increasing incidence due to increased cesarean deliveries and improved detection.
- Cesarean section ectopic pregnancy is defined as implantation of a blastocyst into fibrous scar tissue within a myometrial defect in the anterior lower uterine segment from previous cesarean section. Patients present most commonly in the first trimester. Nearly 40% of patients are asymptomatic. Symptoms include vaginal bleeding and abdominal pain. Early diagnosis is crucial to preserve fertility and reduce mortality.
- Transvaginal ultrasound has been reported to have diagnostic sensitivity of 86.4%. MRI is used for problem-solving or sometimes prior to intervention. MRI can demonstrate gestational sac in the anterior lower uterine segment and is used to assess the possibility of myometrial invasion and bladder involvement.

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Case and images courtesy of www.auntminnie.com November 13, 2014

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