

Successful Management of a Cystic Lesion Which Had Been Caused by Menstrual Blood Above the Dehiscence of Cesarean Incision Scar: Case Report

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ABSTRACT

Cesarean scar dehiscence has the incidence of 1.2% after base transverse incisions. Beside causing a situation increasing morbidity and mortality for baby and mother and needing acute intervention in antenatal or intrapartum period by causing uterine rupture, it is an important complication that can cause sudden bleeding, infection and even uterine fistules in postpartum period. In our case, we will mention about the successful management of cyst caused by menstrual blood that develops dehiscence of cesarean scar.

A female patient with the age of 40 (Gravida:2, parity:2 (2 C/S)) applied to our polyclinic because of amenorrhoea. A cystic mass, probably originated from cesarean incision scar, with intense content, smooth borders and the dimensions of 66x24 mm was observed by the help of transvaginal ultrasonography. The evacuation of the cyst content had been decided by performing vacuum aspiration from cervical os. Transabdominal ultrasonography guided karman cannula was placed into the cyst from cervical os. The content of the cyst had been aspirated by negative pressure.

Most of the complications after cesarean can be diagnosed by easy ultrasonographic observations and physical examinations, some needs expensive radiologic observations such as magnetic resonance imaging, computerized tomography, while for some of them, second-look procedures can be necessary that increase mortality and morbidity of the patient. The most important thing is how to treat these complications. Some of them can be treated by conservative approaches; while some of them needs severe surgical operations even hysterectomy. As in our case, the cyst caused by menstrual blood after causing dehiscence of cesarean scar, was vacuum aspirated easily and treated by conservative approach.

Keywords: Cyst, Cesarean scar, Uterine dehiscence

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Introduction

With respect to last years, the ratio of cesarean section had been increasing all over the world. Although it is a reliable technique for baby and mother with the developed anaesthesia techniques, strong antibiotherapeutic treatments and safe blood transfusions and anti-thrombotic prophylaxis, it is a characterized, operative delivery technique because of having long-period complications in postpartum period.¹

Within the long-period complications, pelvic adhesions, dehiscence of cesarean scar or its rupture, cesarean scar preg-

nancy and placental complications (accreta, previa, etc.) can be counted.² In some other cases, cesarean scar can cause prolonged delay in menstrual cycle or amenorrhoea by developing reservoir to menstrual blood.³

Complications due to cesarean can be determined by control ultrasonographic observations in pregnancy and/or non-pregnancy period.^{1,4}

Cesarean scar dehiscence has the incidence of 1.2% after base transverse incisions.⁵ Beside causing a situation increasing morbidity and mortality for baby and mother and needing acute intervention in antenatal or intrapartum period by causing uterine rupture, it is an important complication that can cause sudden bleeding, infection and even uterine fistules in postpartum period.⁶ Length and depth of cesarean scar and notch between two scar edges can be measured by ultrasonographic observations.⁷

In our case, we will mention about the successful management of cyst caused by menstrual blood that develops dehiscence of cesarean scar.

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Case Report

A female patient with the age of 40 (Gravida:2, parity:2 (2 C/S)) applied to our polyclinic because of amenorrhoea. It was seen in the anamnesis of the patient that she had cesarean section two years ago, and used Depo-Provera® as a contraceptive method without doctor advise since postpartum 6th month, stopped the use 1 month ago and did not have any complaint of pain.

In the examination of the patient, genital findings were thought as normal and minimal leukorrhea was observed in speculum examination. Ultrasonography examination was made by the help of General Electric Logiq S6®. Uterus was in anteversion - anteflexion position and a cystic mass, probably originated from cesarean incision scar, with intense content, smooth borders and the dimensions of 66x24 mm was observed by the help of transvaginal ultrasonography (tv usg) (Figure 1). Bilateral ovaries and douglas were determined as normal and stable, respectively.



Figure 1: Cystic lesion above the dehiscence of cesarean incision scar (UT: uterus, CS:cesarean scar)

The patient was evaluated again with bimanual transabdominal usg and tv usg. It had been thought that menstrual blood had formed a cyst by dehiscing the cesarean scar. The evacuation of the cyst content had been decided by performing vacuum aspiration from cervical ostium.

Transabdominal usg guided karman cannula was placed into the cyst from cervical ostium. The content of the cyst had been aspirated by negative pressure. In the macroscopic evaluation of the content, it was thought as hemorrhagic, intense fluid. Process was performed without any complication and with success.

In the control tvusg performed after the process, it was observed that dehiscence and scar had deepened in cesarean incision scar, free fluid was not seen in douglas. With the conservative approach, prophylactic triplet antibiotherapy had been prepared and the patient was discharged from the hospital.

Discussion

In recent days, cesarean is commonly preferred compared

to vaginal delivery by obstetricians and its examination frequency is increasing day by day in our global world.¹ Although cesarean is thought as a reliable delivery technique by most of obstetricians, it is an important procedure that needs careful chase and observation because of the complications that can be seen in intraoperative and/or post- operative periods.

Most of the complications after cesarean can be diagnosed by easy ultrasonographic observations and physical examinations, some needs expensive radiologic observations such as magnetic resonance imaging, computerized tomography, while for some of them, second- look procedures can be necessary that increase mortality and morbidity of the patient.

The most important thing is how to treat these complications. Some of them can be treated by conservative approaches; while some of them such as, praravesical space, rectus muscle or under fascia hematomas need minimal invasive approaches and sometimes severe surgical operations, even hysterectomy.

As in our case, the cyst caused by menstrual blood after causing dehiscence of cesarean scar, was aspirated easily and treated by conservative approach.

Sezaryen Kesi Skarını Dehisense Uğratan Menstrüel Kanın Oluşturduğu Kistik Lezyonun Başarılı Menanjmanı: Olgu Sunumu

ÖZET

Sezaryen skar dehissensi, alt segment transvers kesiler sonrası %1,2 oranında görülme insidansına sahiptir. Antenatal veya intrapartum dönemde uterin rüptüre neden olabileceği, bebek ve anne için morbidite ve mortalite artırıcı, akut müdahale gerektirir durum oluşturması yanında, gebelik dönemi dışında ise ani kanama, enfeksiyon ve uterin fistüllere dahi sebep olabilen önemli bir komplikasyondur. Olgumuzda, sezaryen sonrası gelişen sezaryen kesi skarını dehissense eden, menstrüel kanın oluşturduğu kistin başarılı yönetiminden bahsedildi.

Gravida: 2, parite: 2 (2 C/S) olan, 40 yaşındaki bayan hasta polikliniğimize adet görememe şikayeti ile başvurdu. Transvaginal ultrasonografi (tvusg) de sezaryen kesi hattından kaynak aldığı düşünülen yaklaşık 66x24 mm. düzgün sınırlı, yoğun içerikli kistik kitle izlendi. Kist içeriğinin servikal yoldan aspire edilerek boşaltılmasına karar verildi. Servikal açıklıktan, transabdominal USG rehberliğinde karman kanülü kist içine yerleştirildi. Negatif basınç yardımıyla kist içeriği aspire edildi.

Sezaryen sonrası komplikasyonların bir çoğu basit ultrasonografik inceleme ve fizik muayene ile tanı alırken, bir kısım komplikasyon ise magnetik rezonans inceleme, kompüterize tomografi gibi pahalı radyolojik incelemeleri, bir kısmı ise hastanın mortalite ve morbiditesini arttıran sekond-look cerrahi prosedürlerini gerektirebilir. Asıl önemli olan bu komplikasyonların nasıl tedavi edileceğidir. Bunların bir kısmına, konservatif

yaklaşımlar uygulanarak tedavi edilirken; bir kısmı da cerrahi müdahale gerektiren, bazen de histerektomiye kadar uzanabilen müdahaleleri doğurabilmektedir. Olgumuzda olduğu gibi, sezaryen kesi skarını dehisense uğratarak kist oluşturan mes-trüel kan, basit şekilde aspire edilmiş, konservatif yaklaşımı ile tedavi edilmiştir.

Anahtar Kelimeler: Kist, Sezaryen skarı, Uterin dehisens

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