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Silent Spontaneous Cesarean Scar Dehiscence- A Rare Occurence

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Abstarct:-
The incidence of cesarean section has increased worldwide.[1] This in turn has led to increased uterine scar dehiscence which increases the risk of uterine rupture.[2] Spontaneous silent cesarean scar dehiscence is a rare occurrence if undetected and lead to fatal feto maternal complications. The diagnostic methods and treatment modalities have a lot of controversies. Here we present a case of spontaneous cesarean scar dehiscence in a patient with previous two lower segment cesarean sections detected at planned surgery. Her intraoperative and post operative period were uneventful and discharged on fourth post operative day.

Keywords:- *Cesarean section , scar dehiscence , cesarean scar , ultrasound*

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I. Introduction:-

Cesarean section is the most common surgical procedure performed on uterus in reproductive women.[3] Uterine dehiscence refers to separation of uterine musculature with intact serosa whereas uterine rupture is involvement of all layers including serosa. Incidence of uterine scar dehiscence is rare , 0.06% to 3.8%. Factors like inter pregnancy interval , the type and number of uterine incision , excessive uterine distension etc affect the incidence of cesarean scar dehiscence.[4,5] If undetected can lead to uterine rupture posing great risk to mother and fetus. Diagnosing cesarean scar dehiscence at early stage is associated with better feto maternal outcome compared to uterine rupture.[1,3] Here we present a case of silent scar dehiscence detected intra operatively with short inter pregnancy intervals of 2-3 months in previous pregnancies.

II. CASE REPORT:-

We report a case of 26 years old third gravida with previous 2 lower segment cesarean sections. She had regular antenatal follow up and was admitted at 37+ weeks for planned repeat lower segment cesarean section. Her past obstetric history and post partum period were uneventful. Her medical and surgical history were unremarkable. The only significant history was her inter pregnancy interval was very short. She had conceived within

2-3 months of her previous pregnancies. She had 3 antenatal scans , the last one at 35 weeks of gestation. The scan was normal with no mention on thinning of scar. On admission patient had no complaints of abdominal or scar pains , there was no bleeding or leaking per vagina. She was vitally stable. Abdominal examination showed a transverse suprapubic scar. Uterus around 38 weeks of gestation , longitudinal lie cephalic presentation and no scar tenderness . CTG was reactive. Patient was taken for planned cesarean section and upon entering the abdominal cavity there was uterine dehiscence along the line of previous scar. The defect was covered by fetal membranes and we could see fetal parts within. A live female fetus with good APGARS was delivered through the defect. The uterine edges were not bleeding and a two layer uterine closure was done. Post operative period was uneventful and both mother and baby were discharged on fourth post operative day in good condition.

III. DISCUSSION:-

Uterine scar dehiscence is separation and disruption of uterine muscles with intact serosa.[2] It can be suspected antenataly by obstetric ultrasound or come across during cesarean delivery. There are various factors increasing the risk of cesarean scar dehiscence. In this case the contributory factor was short inter pregnancy interval of 2-3 months in both previous pregnancies. Short inter pregnancy interval can lead to inadequate time for myometrial healing and attaining maximum strength[3] thus leading to dehiscence in subsequent pregnancy.

There is no gold standards for diagnosing cesarean scar dehiscence.[6] Measuring the uterine scar thickness by ultrasound is used to predict the occurrence of cesarean scar dehiscence antenataly or in labor.[3,7] Uterine wall thickness of <2mm is associated with increased risk(15). MRI is another modality which is more accurate but is not an ideal tool as it is expensive and not easily available. Cesarean scar dehiscence is an important complication of cesarean section increasing the risk of uterine rupture leading to grave feto maternal complications. Hence obstetricians should have high index of suspicion when managing patient with previous cesareans both antepartum and intra partum.

IV. CONCLUSION:-

This case has been reported to increase awareness among obstetricians involved in the management of pregnant women with previous cesarean sections. Silent spontaneous cesarean scar dehiscence can occur during pregnancy without any symptoms. Early diagnosis and interventions is key to averting possible fetomaternal complications. High index of suspicions and utilization of imaging techniques like ultrasound and MRI are recommended. This case emphasizes the need to educate women with previous cesarean sections to avoid short inter pregnancy intervals.

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