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Biography

Chaima Derbel is a resident in Obstetrics and Gynecology at the Ministry of Public Health in Tunisia. She obtained her Doctor of Medicine degree from the Faculty of Medicine of Sfax and completed complementary certificates in Senology and Gynecologic Laparoscopy. Her doctoral thesis focused on in utero transfer in obstetric practice. Her research interests include obstetric pathology, placenta accreta spectrum, and gynecologic oncology. She is the first and presenting author of several scientific works, has published in peer-reviewed journals, and has presented at national and international gynecology and obstetrics conferences, including FIGO and ESGO.

Management of Caesarean scar pregnancy

Abstract

Cesarean scar pregnancy (CSP) is a rare but potentially life-threatening condition that requires early diagnosis and careful management due to the high risk of hemorrhage. We conducted a retrospective study of seven patients diagnosed with CSP between 2022 and 2024 at the Department of Obstetrics and Gynecology, Kasserine Regional Hospital. The mean maternal age was 36.5 years, and the mean gestational age at diagnosis was 7 weeks + 3 days. The average gravidity was 3.7 (range 2–5) and the mean parity was 2 (range 1–4). Abnormal uterine bleeding was the most common presenting symptom, with pelvic pain reported in 34% of cases. Transvaginal ultrasonography established the diagnosis in all patients, while MRI was performed in only two cases. Management depended on gestational age and clinical presentation: four patients diagnosed at a mean gestational age of 6 weeks + 3 days underwent uterine aspiration, two patients received intramuscular methotrexate as the sole treatment, and one patient underwent hysterotomy at 9 weeks + 5 days. Fertility outcomes were evaluated in three patients. This study confirms that transvaginal ultrasound is the diagnostic gold standard for CSP and plays a crucial role in follow-up, alongside serial plasma hCG monitoring. Given the risk of recurrence and obstetric complications in subsequent pregnancies, careful planning, early detection, and close surveillance are essential to optimize maternal and fetal outcomes.