



SOCIÉTÉ
TUNISIENNE DE
GYNECOLOGIE
OBSTÉTRIQUE
الجمعية
التونسية
لطب
أمراض
النساء
والتوليد



Isthmocèle : Diagnostic, prise en charge chirurgicale et CAT en cas de grossesse

Pr Ag Hassine Saber Abouda

Pr,Ag Béchir Zouaoui

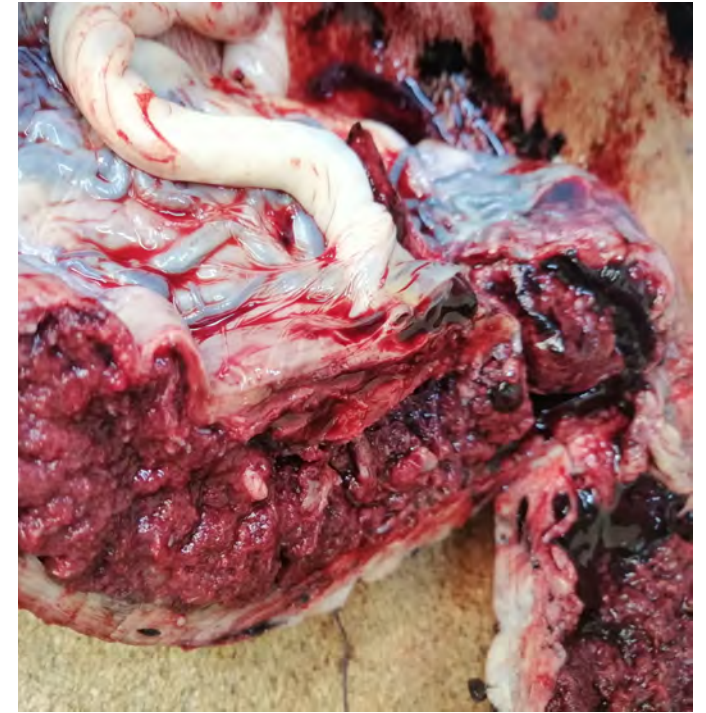
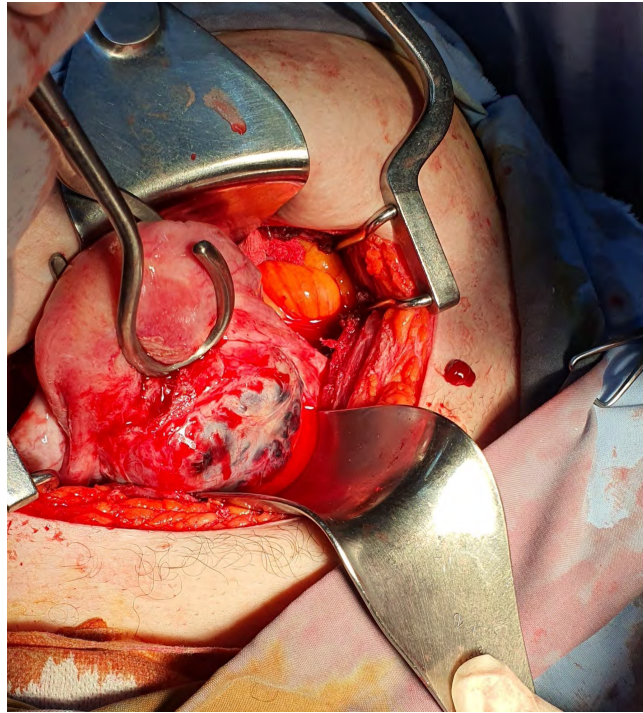
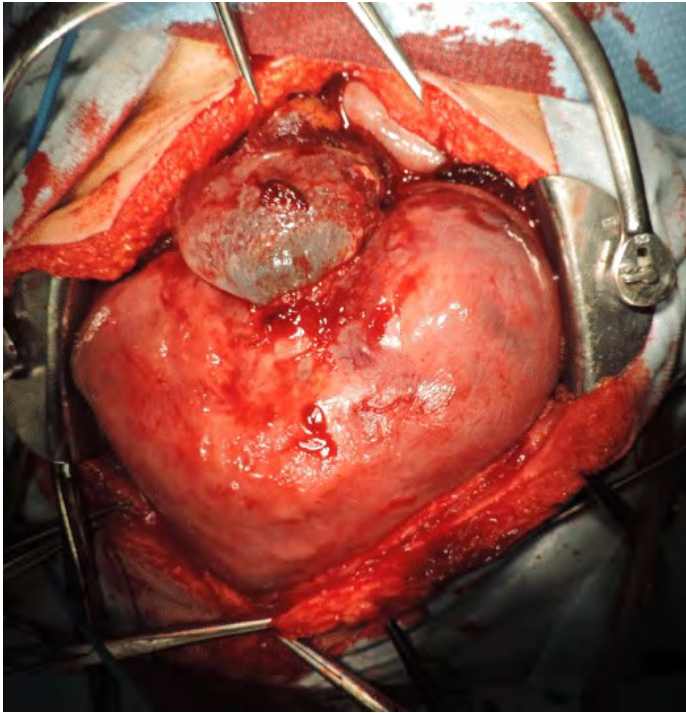


219 000





29223



Séquelles obstétricales



A grayscale ultrasound image of a uterus. The image shows a large, dark, anechoic region in the center, which is likely a gestational sac. The surrounding tissue has a grainy, echogenic texture. The text "Isthmocèle ?" is overlaid in white in the center of the image.

Isthmocèle ?

> Am J Obstet Gynecol. 1961 Jan;81:67-71. doi: 10.1016/s0002-9378(16)36308-6.

International Journal of Gynecological Pathology

14:16-20, Raven Press, Ltd., New York

© 1995 International Society of Gynecological Pathologists

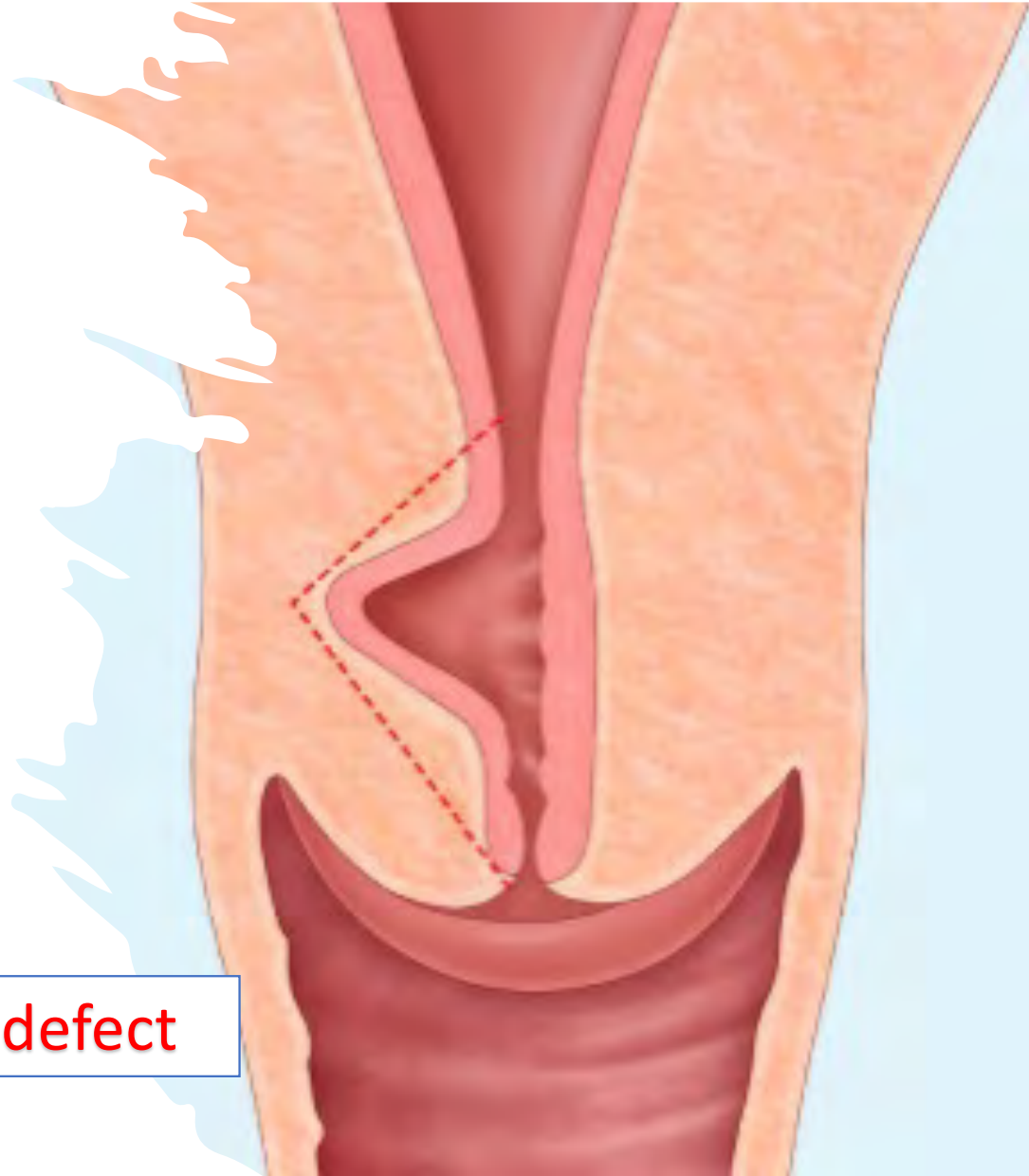
Surgical Pathology of the Lower Uterine Segment Caesarean Section Scar: Is the Scar a Source of Clinical Symptoms?

Hugh Morris, M.Med.Path(Anat), B.Sc.(Med), MRCPath, MIAC

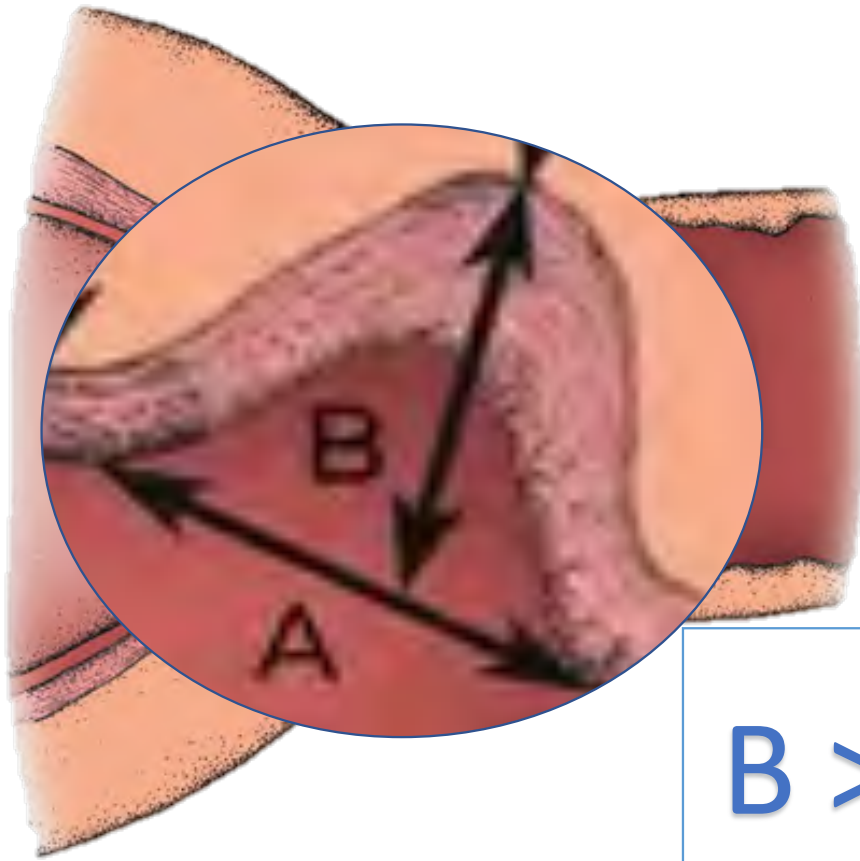


- un défaut de cicatrisation de l'hystérotomie après césarienne
- Hernie de la cavité utérine dans le muscle au niveau de l'isthme utérin
- Forme complète: séreuse utérine

Cesarian scar **niche** = Cesarian scar **defect**



Comment définir l'isthmocèle ?



$B > 2 \text{ mm}$



Sonographic examination of uterine niche in non-pregnant women: a modified Delphi procedure

I. P. M. Jordans, R. A. de Leeuw, S. I. Stegwee, N. N. Amso, P. N. Barri-Soldevila, T. van den Bosch, T. Bourne, H. A. M. Brölmann, O. Donnez, M. Dueholm, W. J. K. Hehenkamp, N. Jastrow, D. Jurkovic, R. Mashiach, O. Naji, I. Streuli, D. Timmerman, L. F. van der Voet, J. A. F. Huirne 

... See fewer authors 

First published: 14 March 2018 | <https://doi.org/10.1002/uog.19049> | Citat

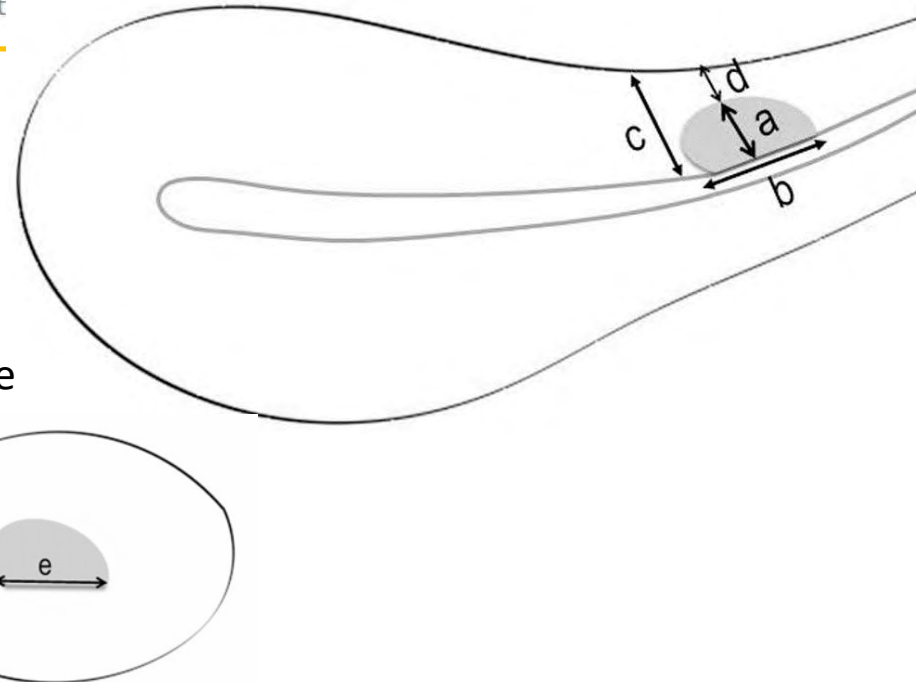
coupe sagittale
médiane

longueur (b)

épaisseur du myomètre
résiduel (d)

coupe transversale

largeur (e)



Prévalence

Review > J Minim Invasive Gynecol. 2016 Sep-Oct;23(6):893-902. doi: 10.1016/j.jmig.2016.06.020. Epub 2016 Jul 5.

Emerging Manifestations of Cesarean Scar Defect in Reproductive-aged Women

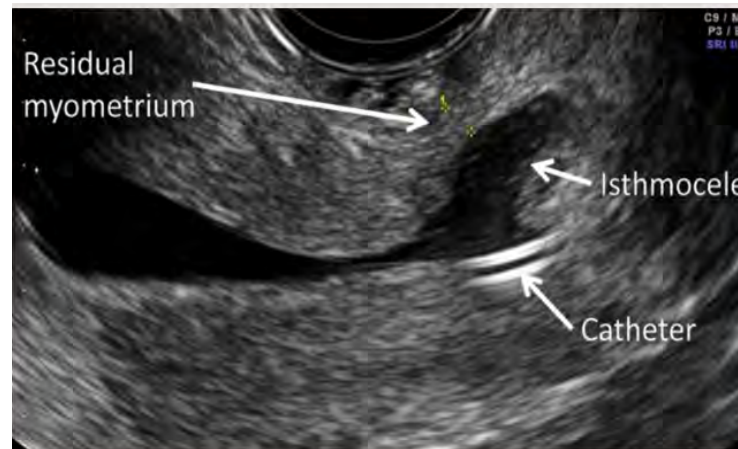
Togas Tulandi¹, Aviad Cohen²

Affiliations + expand

PMID: 27393285 DOI: 10.1016/j.jmig.2016.06.020



24-70 %



56-84%



45.6%

> [J Obstet Gynaecol Can.](#) 2022 Aug 12;S1701-2163(22)00551-5. doi: 10.1016/j.jogc.2022.08.003.
Online ahead of print.

Preventing **Isthmocele** After Cesarean Delivery (PICS): A Pilot Randomized Controlled Trial

Chelsie Warshafsky ¹, Abirami Kirubarajan ², Michael Chaikof ³, Alison Stere ³,
Umamah Chudawala ³, Quixuan Li ⁴, Ella Huszti ⁴, Dina Mohamed ³, Mohamed Hassan Abdalla ³,
Alexander Hartman ⁵, Ari Sanders ⁶, Ally Murji ³, Mara Sobel ³

Affiliations + expand

PMID: 35970439 DOI: 10.1016/j.jogc.2022.08.003

The effects of hysteroscopy and laparoscopy for **scar diverticulum** resection and suture on blood loss, operation time and antibiotic time

Weifeng Li ¹, Tiecheng Lin ¹, Yong Xie ¹, Lijiang Xu ¹, Yangping Chen ¹, Yuyuan Zhu ¹, Xia Dong ¹,
Pei Cheng ¹, Chunxiang Duan ¹

Affiliations + expand

PMID: 36200382 DOI: 10.1080/01443615.2022.2122708

> [Fertil Steril.](#) 2022 Oct 22;S0015-0282(22)01383-8. doi: 10.1016/j.fertnstert.2022.08.861.
Online ahead of print.

Hysteroscopy-guided laparoscopic resection of a **cesarean scar defect** in 5 steps: the usefulness of nonperfusion hysteroscopy

Yusuke Sako ¹, Tetsuya Hirata ², Mikio Momoeda ³

Affiliations + expand

PMID: 36283860 DOI: 10.1016/j.fertnstert.2022.08.861

[Free article](#)

[Review](#) > [Int J Gynaecol Obstet.](#) 2022 Nov 1. doi: 10.1002/ijgo.14509. Online ahead of print.

Caesarean Scar Niche An evolving concern in clinical practice

Fionnvola Armstrong ^{# 1}, Karen Mulligan ^{# 1}, Roisin Mac Dermott ², Helena C Bartels ¹,
Stephen Carroll ¹, Michael Robson ¹, Siobhan Corcoran ¹, Peter Mc Parland ¹, Donal O'Brien ^{1 2},
David Brophy ², Donal J Brennan ^{1 2 3}

Affiliations + expand

PMID: 36317541 DOI: 10.1002/ijgo.14509

Prévalence

Review > [J Minim Invasive Gynecol](#). 2016 Sep-Oct;23(6):893-902. doi: 10.1016/j.jmig.2016.06.020.

Epub 2016 Jul 5.

Emerging Manifestations of Cesarean Scar Defect in Reproductive-aged Women

Togas Tulandi ¹, Aviad Cohen ²

Affiliations + expand

PMID: 27393285 DOI: [10.1016/j.jmig.2016.06.020](#)



Sous estimation

Formes asymptomatiques

Non reconnues par les cliniciens



Augmentation



Taux de césarienne

Symptomatologie



Asymptomatique



Syndrome de la cicatrice
de césarienne



Infertilité

> [Hum Reprod.](#) 2020 Mar 27;35(3):595-604. doi: 10.1093/humrep/dez295.

Reduced pregnancy and live birth rates after in vitro fertilization in women with previous Caesarean section: a retrospective cohort study

J Vissers ¹, T C Sluckin ¹, C C Repelaer van Driel-Delprat ¹, R Schats ¹, C J M Groot ¹,
C B Lambalk ¹, J W R Twisk ², J A F Huirne ¹

Affiliations + expand

PMID: 32142117 PMCID: [PMC7105326](#) DOI: [10.1093/humrep/dez295](#)

[Free PMC article](#)

Parameter	Caesarean section <i>n</i> (%) <i>n</i> = 334	Vaginal delivery <i>n</i> (%) <i>n</i> = 983	OR (CI 95%)	<i>P</i> value	Adjusted OR (CI 95%)	<i>P</i> value
Primary outcome						
Live birth	52/320 (15.9)	219/941 (23.3)	0.63 (0.45– 0.87)	.006	0.68 (0.47– 0.97)	.035

Demographic and Isthmocele Characteristics of the Study Population (n=35)

Variable	Group A – Fertile Patients (Became Pregnant Within 12 Months After Diagnosis of Isthmocele) n=19	Group B – Infertile Patients (Did Not Become Pregnant Within 12 Months After Diagnosis of Isthmocele) n=16	P Value
Age, years, mean (range)	35.5 (33-38)	36.5 (35-38)	0.1170
Body mass index, kg/m ² , mean (range)	21.8 (21.5-24.1)	23.2 (22.4-26.2)	0.0001
Isthmocele grade			0.0421
1	12 (63.2)	4 (25.0)	
2	7 (36.8)	10 (62.5)	
3	0	2 (12.5)	
Number of c-sections			0.0205
1	19 (100)	12 (75.0)	
2		4 (25.0)	

> Ochsner J. 2019

Prevalence of Isthmocele After Surgical Treatment

Stefano Calzolari¹

Mauro Cozzolino³

Affiliations + expanded

PMID: 31528130

Study With Isthmocele

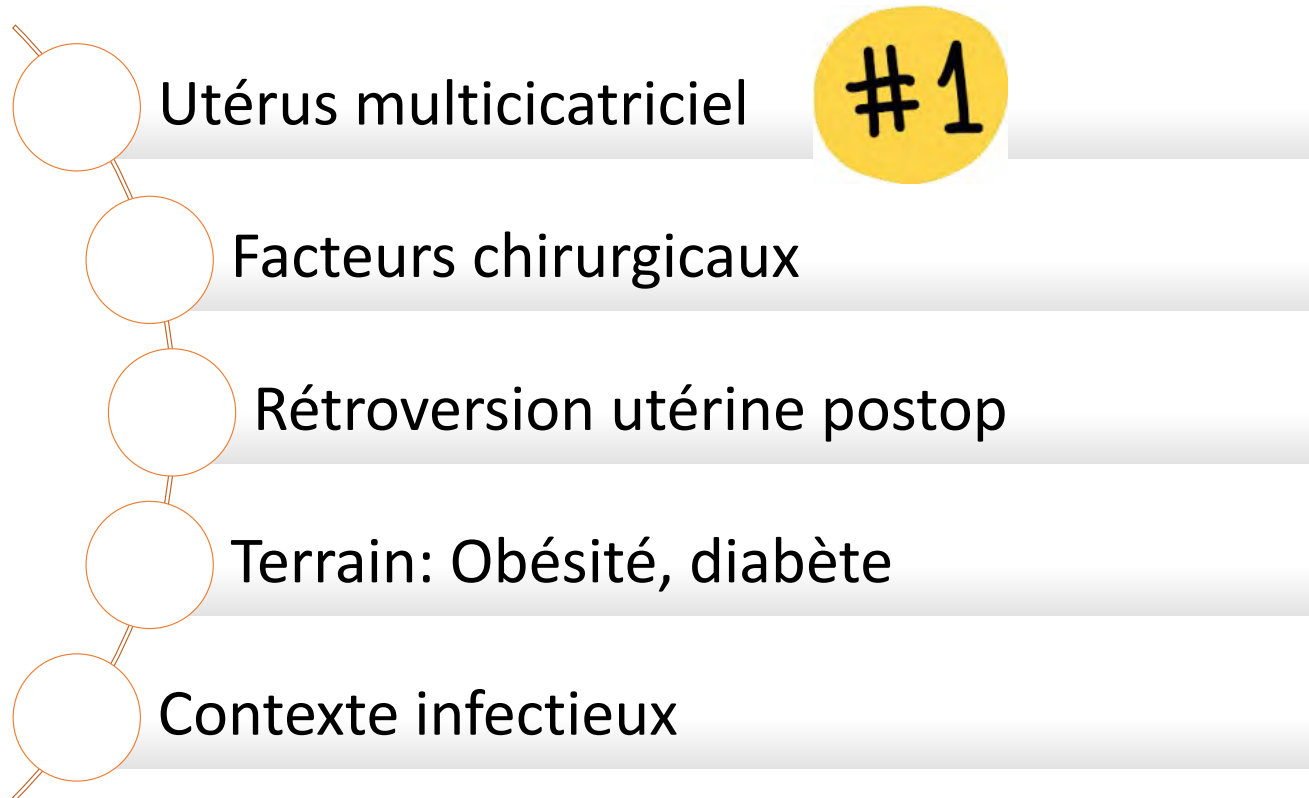
Valia Bianchini¹,



**RISK
FACTORS**

Facteurs de risques de l'isthmocèle

Facteurs de risques de l'isthmocèle



Les facteurs chirurgicaux

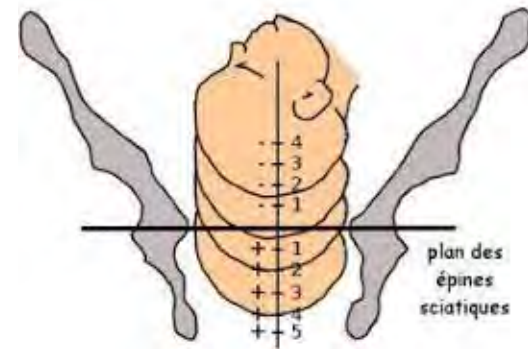
Au moment de la CS:



Col >5 cm



W >5 h



Station avancée

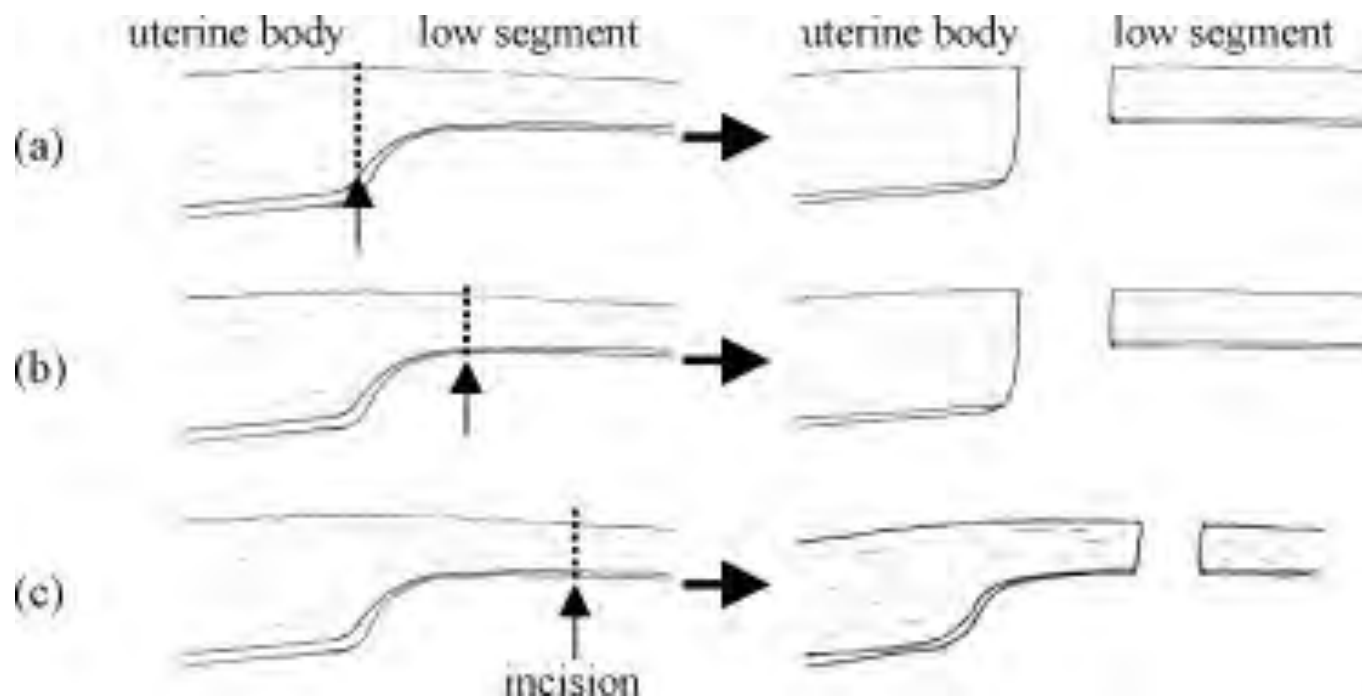
=> Grande niche





Les facteurs chirurgicaux

Niveau de l'incision utérine: proche du col



Cesarean Section

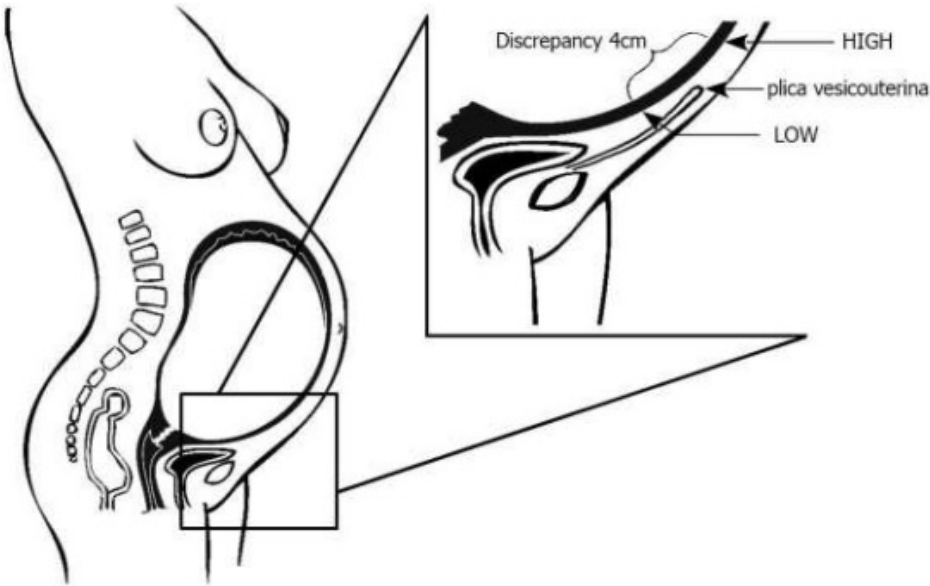
Sharon Sung ¹, Heba Mahdy

In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan. 2022 Sep 18.

Affiliations + expand

PMID: 31536313 Bookshelf ID: NBK546707

Analyzed
(n = 114)



Cervix dilatation (cm)	7.80±1.80	7.69±1.84	
	HIGH group	LOW group	P-value
Characteristics	(n=55)	(n=59)	
Intraoperative complications			
Uterocervical laceration	2 (4)	4 (7)	0.68
T-incision	1 (2)	0	0.48
Difficulties to deliver the fetus	7 (13)	2 (3)	0.09
Blood loss≥1000 ml	7 (13)	5 (8)	0.55
Large defect	4 (7)	24 (41)	< 0.001
Subsequent pregnancy	30 (55)	26 (44)	0.35
Miscarriages	5 (17)	2 (8)	0.43
Terminations	0	2 (8)	0.21
Subsequent delivery	25 (83)	22 (84)	1.00
Scar dehiscence	0	1 (5)	0.47
Uterine rupture	1 (4)	0	1.00

Data are given as n (%) unless otherwise specified

HIGH – high incision group

LOW – low incision group

Les facteurs chirurgicaux: Techniques de fermeture de l'utérus:

ULTRASOUND in Obstetrics & Gynecology



Systematic Review | [Free Access](#)

Risk of Cesarean scar defect following single- vs double-layer uterine closure: systematic review and meta-analysis of randomized controlled trials

A. Di Spiezio Sardo, G. Saccone, R. McCurdy, E. Bujold, G. Bifulco, V. Berghella [✉](#)

First published: 10 January 2017 | <https://doi.org/10.1002/uog.17401> | Citations: 74



Study |

Yasmi

El-Gha

Robert

Bennic

Total (

Hetero

Test fo

No difference was found in the incidence of uterine dehiscence (0.4% vs 0.2%; RR, 1.34 (95% CI, 0.24–4.82); three trials; 3421 participants; low quality of evidence) or uterine rupture (0.1% vs 0.1%; RR, 0.52 (95% CI, 0.05–5.53); one trial; 3234 participants; low quality of evidence) in a subsequent pregnancy.

Favors double layer Favors single layer

Double-layered purse string uterine suture compared with single-layer continuous uterine suture: A randomized Controlled trial

Kaouther Dimassi¹, Olivier Ami², Rania Merai³, Luka Velemir⁴, Benedicte Simon⁵, Denis Fauck⁶, Amel Triki³

Affiliations + expand

PMID: 34933146 DOI: 10.1016/j.jogoh.2021.102282

Results: Despite a longer operative time with PSUS (7.17 ± 2.31 min Vs. 6.31 ± 3.04 min, $p = 0.028$; $p < 10^{-3}$); there was no significant difference in terms of CBL (520 ± 58 with PSUS vs. 536 ± 50 ml, $p = 0.724$). There was a significant decrease in the rate of CSD with PSUS: 6.66% Vs.40% with SLUCS; $p < 0.001$. Moreover, SLUCS was the leading risk factor for CSD: adjusted OR=6; 95% CI [0-1], $p < 10^{-3}$).

Conclusion: Compared to single layer continuous suture, double layered purse stringuterine suture significantly reduces cesarean scar defect rates, without increasing the perioperative maternal morbidity.

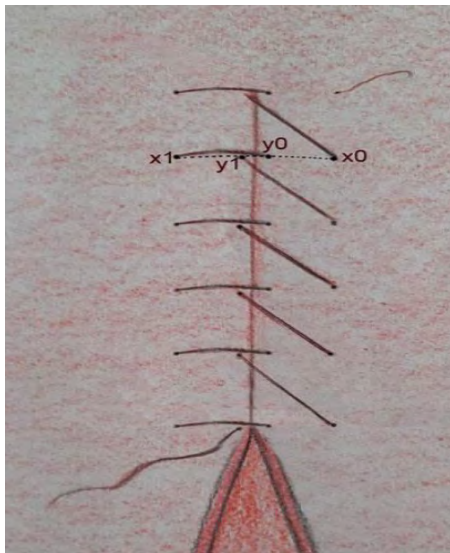
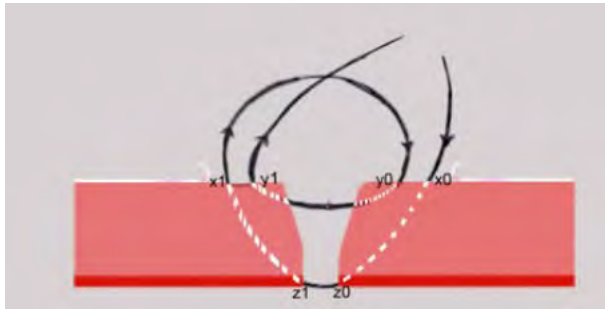
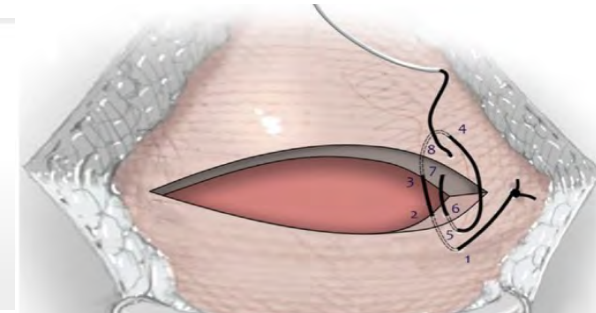
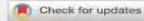
Original Research

An Optimal Uterine Closure Technique for Better Scar Healing and Avoiding Isthmocele in Cesarean Section: A Randomized Controlled Study

Ziya Kalem, Aski Ellibes Kaya, Batuhan Bakırarar, Alper Basbug  & Müberra Namlı Kalem 

Pages 148-156 | Published online: 09 May 2019

 Download citation  <https://doi.org/10.1080/08941939.2019.1610530>



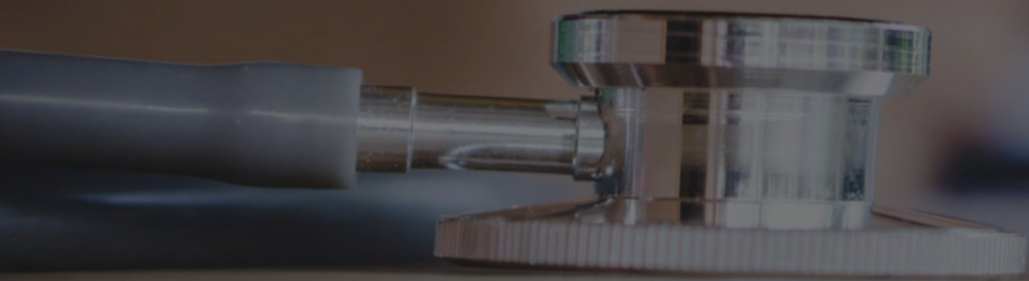
Variables		Group				p Value
		SLL (n = 68) (Control)		FFNN (n = 70)		
		n	%	n	%	
CS indications	Prolonged labor	11	14.3	7	9.7	0.123a
	CPD	6	7.8	8	11.1	
	Pathological cardiotocography	12	15.6	7	9.7	
	Macrosomy	7	9.0	5	6.9	
	Breech presentation	9	11.7	2	2.8	
	Other malpresentations (transverse, oblique)	4	5.2	6	8.3	
	Maternal pelvic deformity	3	3.9	5	6.9	
	Primary genital herpes	2	2.6	4	5.6	
	Active vulvovaginal HPV lesions	2	2.6	7	9.7	
	Abnormal fetal Doppler	3	3.9	4	5.6	
	Others (maternal anxiety, acute appendicitis, maternal trauma, maternal cardiomyopathy)	9	11.7	15	20.8	
Additional hemo-static suture requirement	No	54	79.4	59	84.2	0.930a
	Yes	13	19.1	11	15.7	
<u>Isthmocele</u>	No	40	58.8	63	90.0	<0.001 ^b
	Yes	28	41.2	7	10.0	
Postmenstrual spotting	No	53	77.9	67	95.7	0.002 ^b
	Yes	15	22.1	3	4.3	
Dysmenorrhea	No	63	92.6	67	95.7	0.490a
	Yes	5	7.4	3	4.3	
Chronic pelvic pain	No	64	94.1	69	98.6	0.205a
	Yes	4	5.9	1	1.4	
Uterus position	Anteverted	55	80.9	58	82.9	0.827 ^b
	Retroverted	13	19.1	12	17.1	

CPD, cephalopelvic disproportion; HPV, human papilloma virus.

^aFisher exact test.

^bChi-square test.

Moyens diagnostiques



hystérosalpingographie

Échographie transvaginale

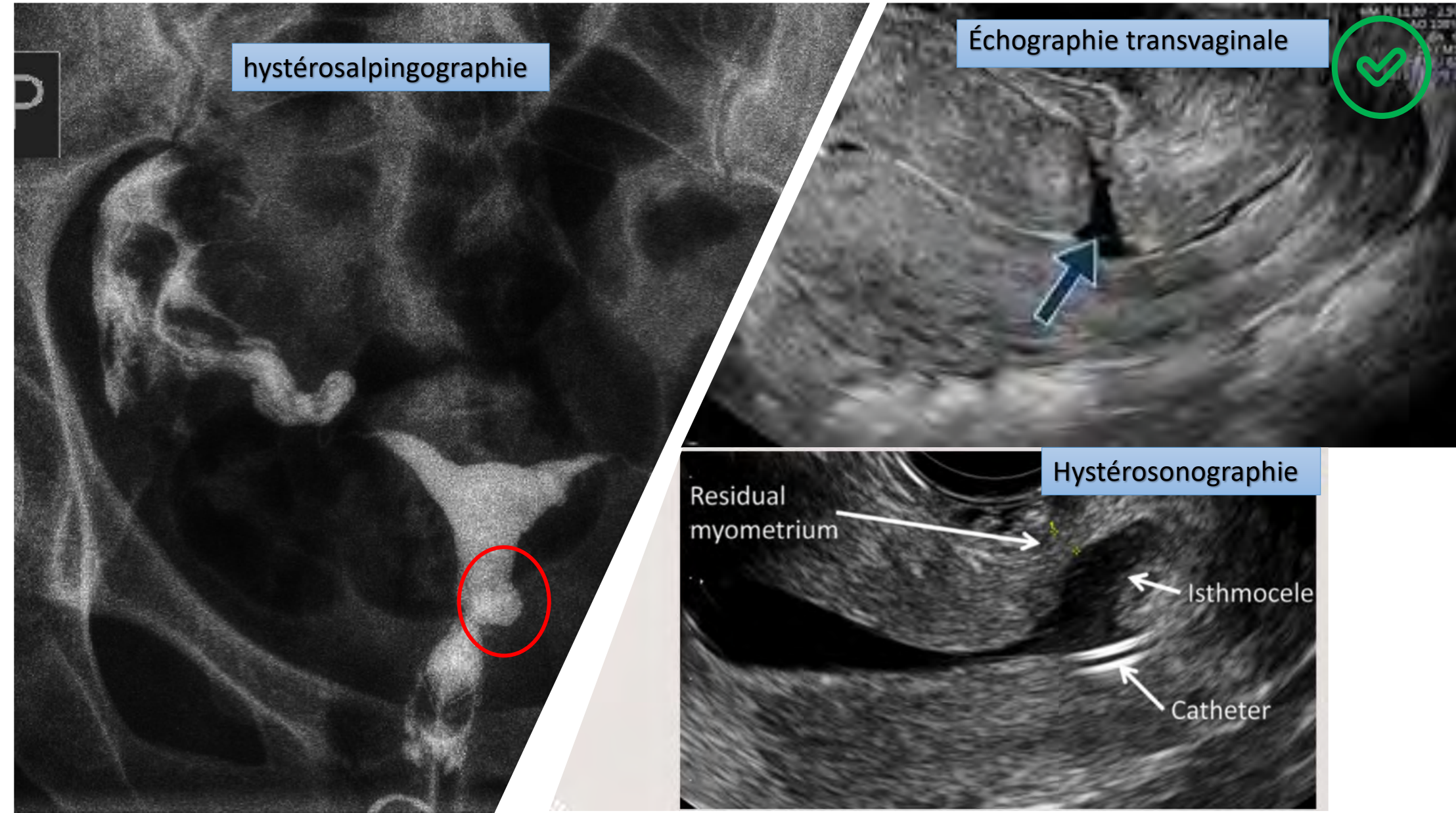


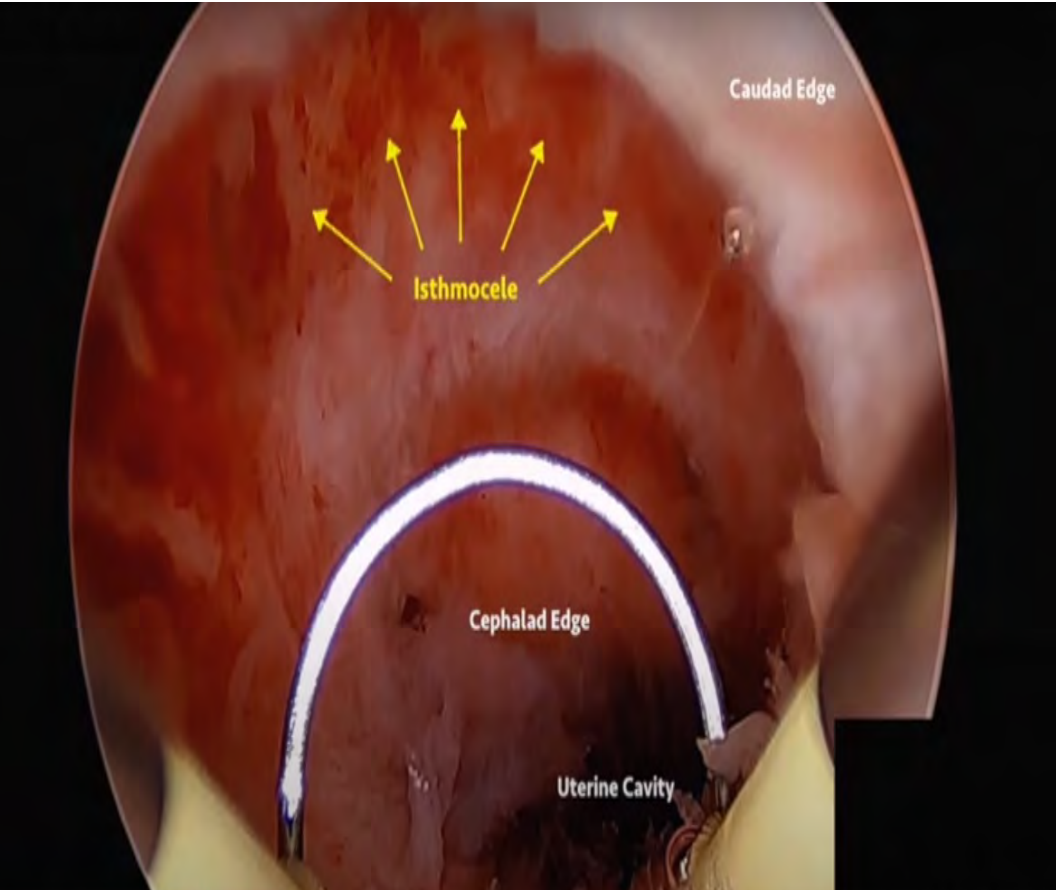
Hystérosonographie

Residual
myometrium

Isthmoele

Catheter





L'hystéroscopie diagnostique =
GOLD STANDARD



Traitement chirurgical

Options thérapeutiques

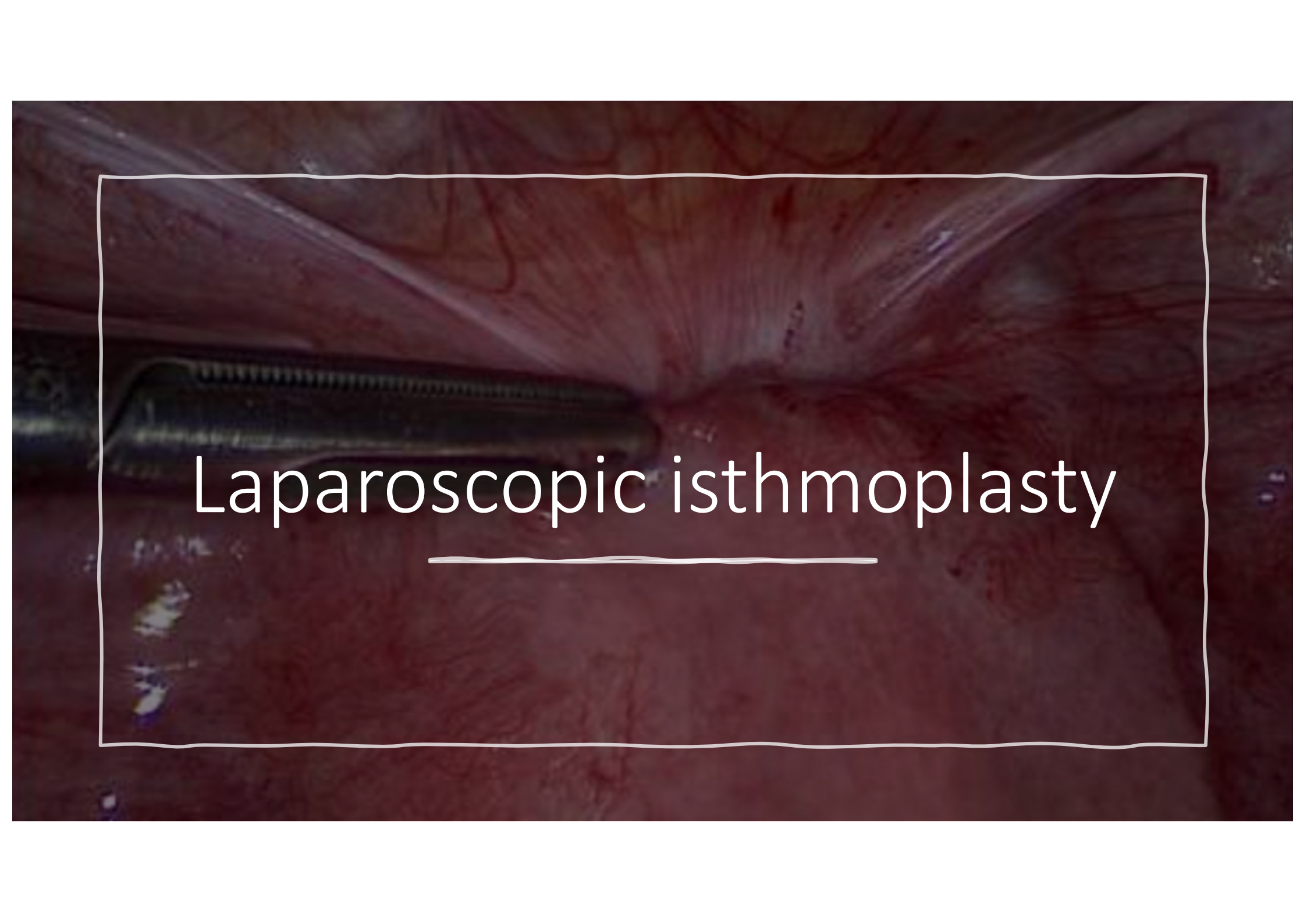
Traitement médical

- DIU au levonorgestrel
- OP

Traitement chirurgical

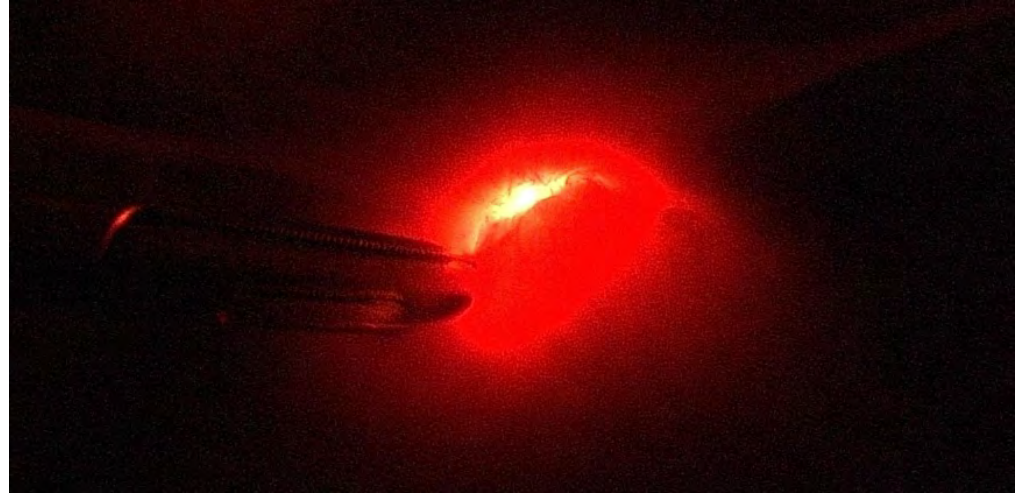
- Traitement chirurgical « correcteur »
 - Voie coelioscopique
 - Voie hystéroscopique
 - Voie vaginale
- Radical : hystérectomie



A laparoscopic surgical view showing the uterine isthmus. A surgical instrument, likely a grasper or dissector, is visible on the left side of the frame, holding or manipulating the tissue. The background is a reddish, vascularized surgical field. The title "Laparoscopic isthmoplasty" is overlaid in white text, underlined.

Laparoscopic isthmoplasty

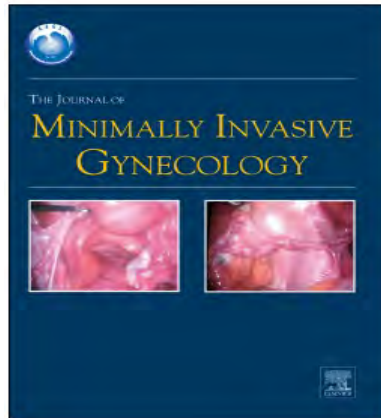
Voie coelioscopique



⇒ Isthmocèles avec myomètre résiduel fin

- Repérage de l'isthmocèle en coelioscopie à l'aide d'une trans-illumination d'une hystéroscopie réalisée simultanément (« Halloween sign »)





Case Reports

> J Minim Invasive Gynecol. 2018 Jan;25(1):21-22. doi: 10.1016/j.jmig.2017.05.017.

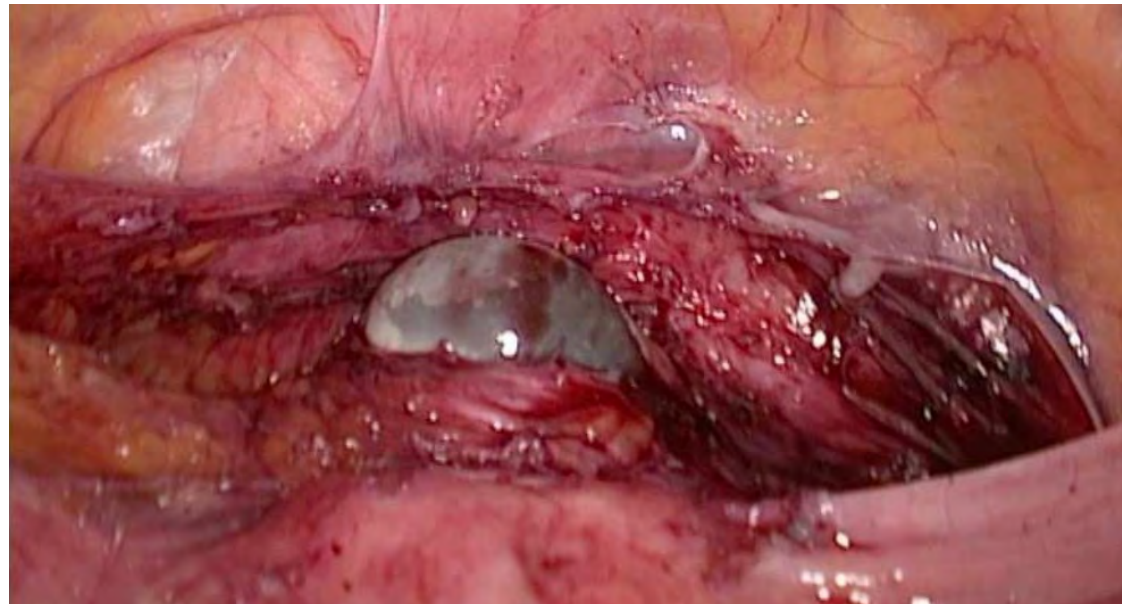
Epub 2017 Jun 8.

Determination of Isthmocele Using a Foley Catheter During Laparoscopic Repair of Cesarean Scar Defect

Ali Akdemir ¹, Cagdas Sahin ², Sabahattin Anil Ari ², Mete Ergenoglu ², Murat Ulukus ², Nedim Karadadas ²

Affiliations + expand

PMID: 28602788 DOI: 10.1016/j.jmig.2017.05.017



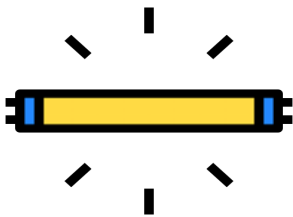
> [J Clin Med.](#) 2022 May 9;11(9):2657. doi: 10.3390/jcm11092657.

Laparoscopic Fluorescence Guided Detection of Uterine Niche–The Next Step in Surgical Diagnosis and Treatment

Harald Krentel ¹, Lisa-Kathrin Lauterbach ², Georgios Mavrogiannis ², Rudy Leon De Wilde ³

Affiliations + expand

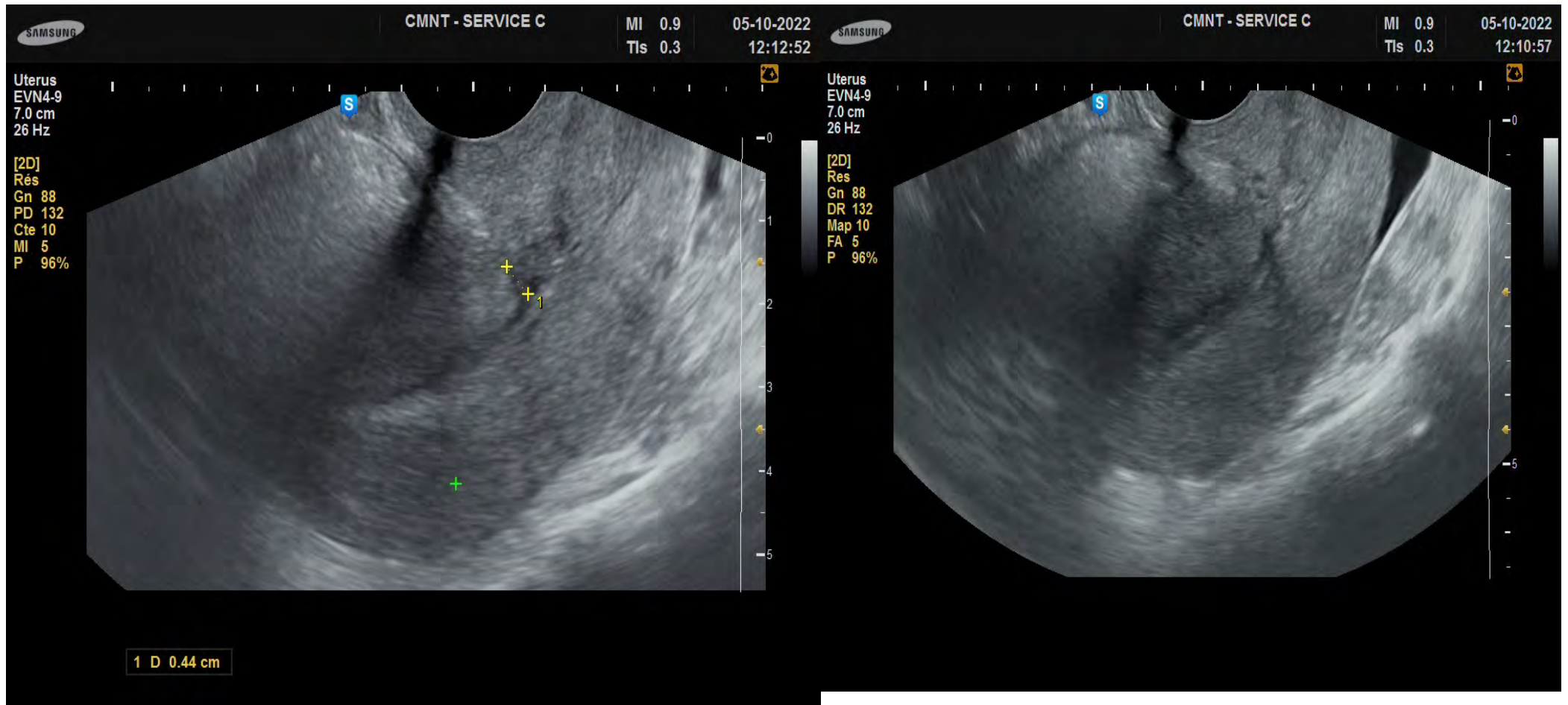
PMID: 35566782 PMCID: PMC9105313 DOI: 10.3390/jcm11092657



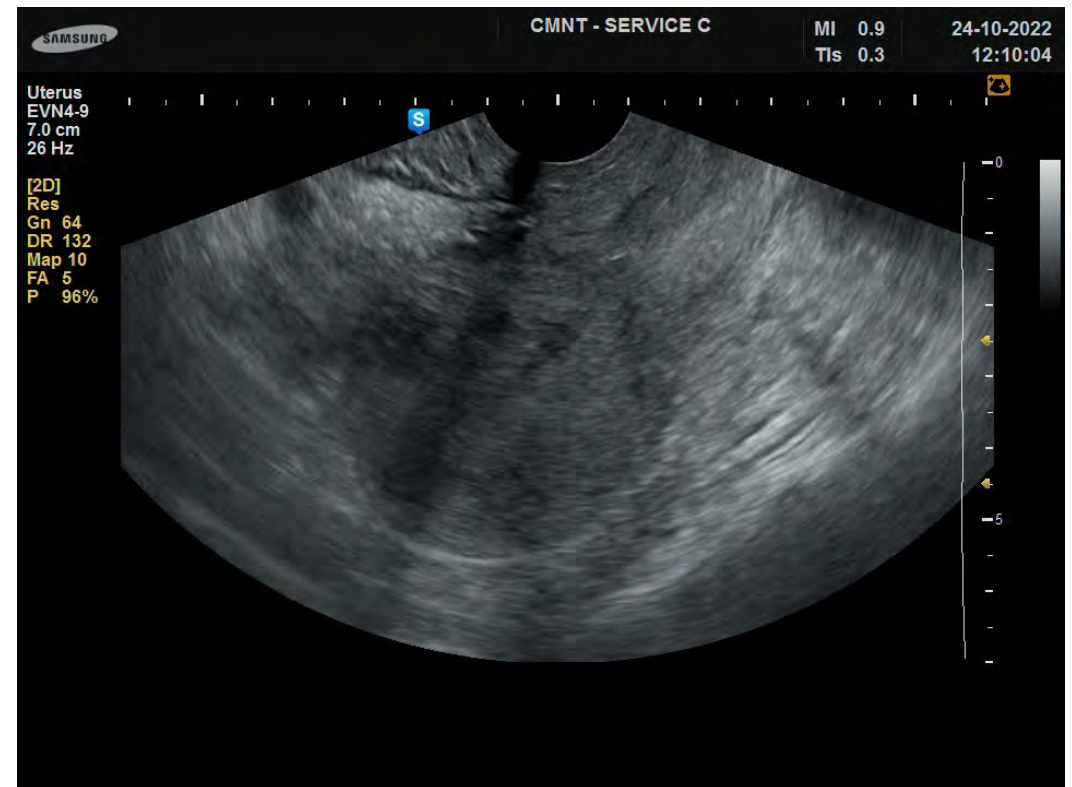
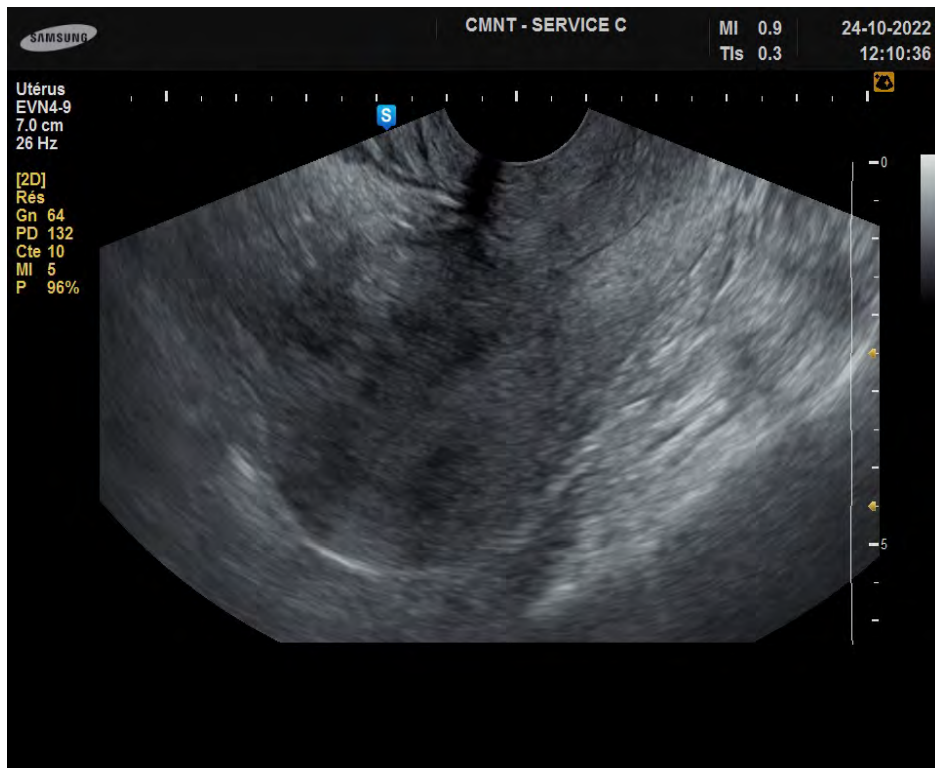
- Vue laparoscopique guidée par fluorescence de la niche utérine après application intra-utérine d'une solution de vert d'indocyanine.

- Mme XX
- 27 ans
- G1P1, 1 C/S il y a 2 ans
- Consulte pour hypofertilité secondaire
- HSG normale
- Bilan hormonal normal
- AMH et CFA normaux

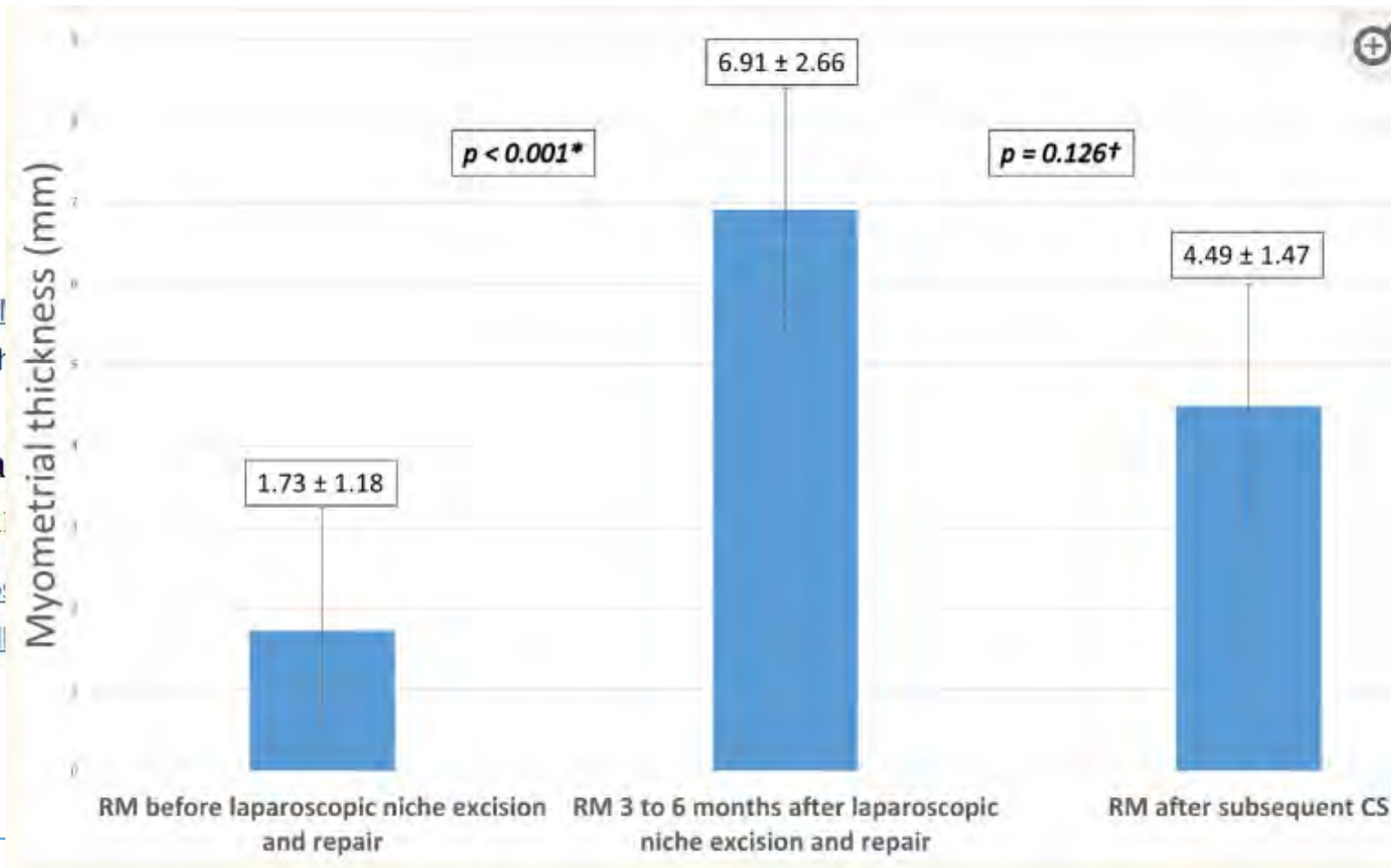
Echographie pelvienne



2 semaines après chirurgie



J Clin I
Publist
Lapa
Cesa
Stavro:
Michell



PMC8708618
D: 34945080
requent
he,² and

Série de cas : 31 patientes , ATCD : 1 C/s, isthmocèle symptomatique avec MRT < 5 mm

Percentages of the reported patient's symptoms before and 3 to 6 months after laparoscopic isthmocoele excision and repair and success rates of the surgery as improvement in AUB, CPP and SI.

	Before Laparoscopic Isthmoele Excision and Repair N = 31	3 to 6 Months after Laparoscopicisthmoele Excision and Repair N = 31	Success Rate	p- Value
AUB	14 (45.2%)	4 (12.9%)	71.4%	0.002
SI	12 (38.7%)	2 (6.5%)	83.3%	0.002
CCP	12 (38.7%)	2 (6.5%)	83.3%	0.002

Note: AUB = abnormal uterine bleeding; CPP = chronic pelvic pain; SI = secondary infertility.



Hysteroscopic isthmoplasty

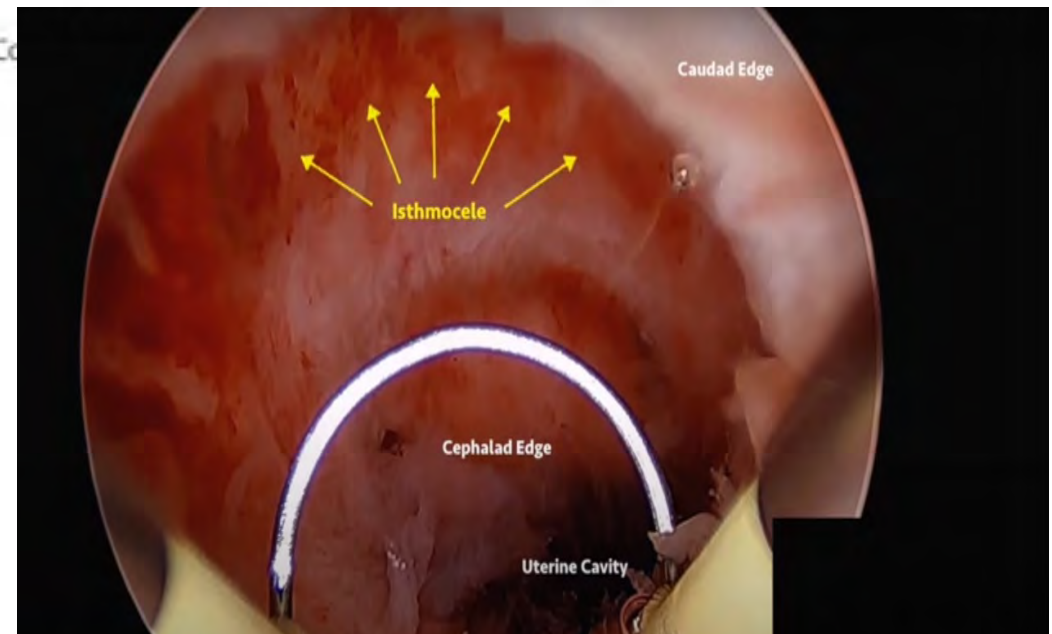
Hysteroscopic repair of cesarean scar isthmocele

Ari P. Sanders, M.D. and Ally Murji, M.D., M.P.H.

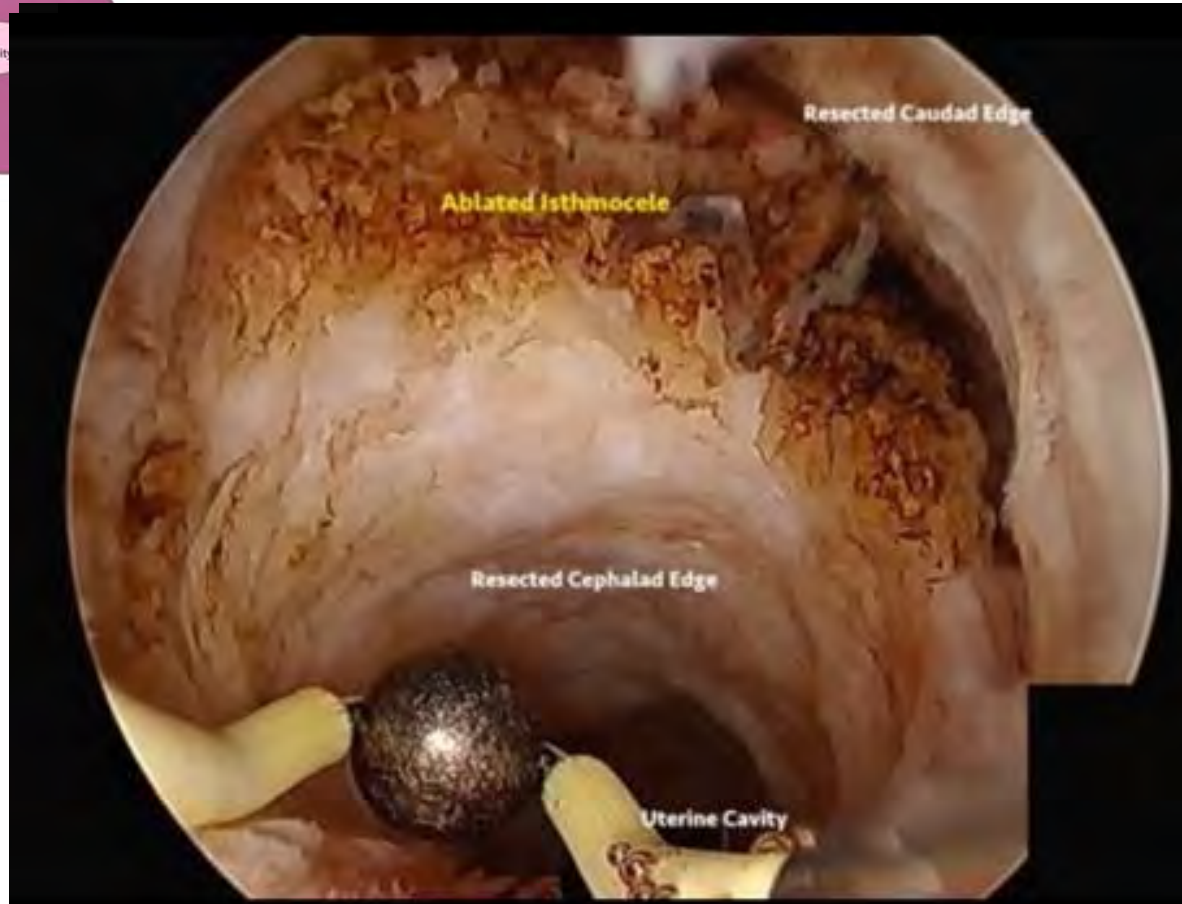
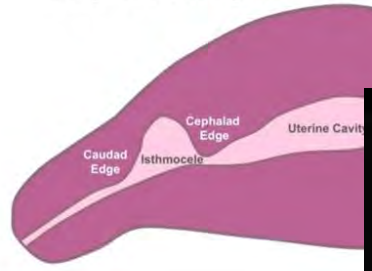
Department of Obstetrics and Gynecology Mount Sinai Hospital & Women's College
& Gynecology, University of Toronto, Toronto, Ontario, Canada

Patient selection :

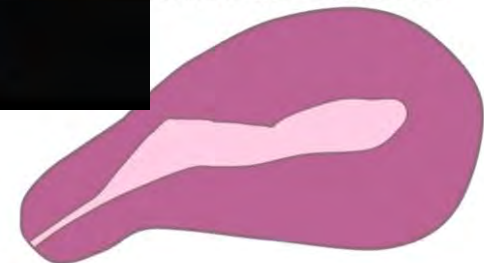
- **Symptomatic** isthmocele
- Residual myometrium ≥ 3 mm : reduce risk of perforation and thermal injury

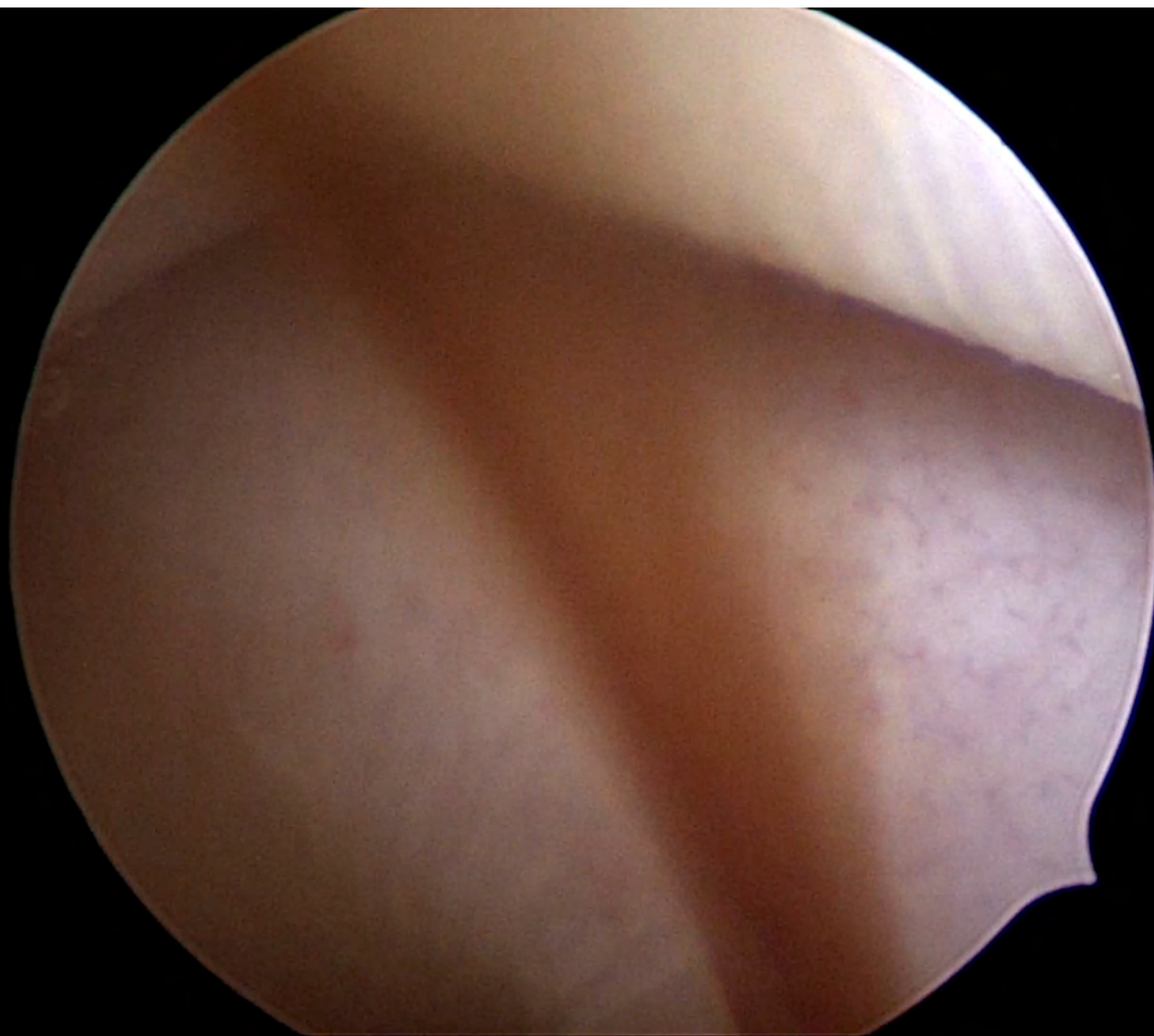


— Step 1: Identify the Anatomy —



Ablate the Isthmomele —





Hysteroscopic resection of a uterine caesarean scar defect (niche) in women with postmenstrual spotting: a randomised controlled trial

AJMW Vervoort, LF van der Voet, WJK Hehenkamp, AL Thurkow, PJM van Kesteren, H Quartero, W Kuchenbecker, M Bongers, P Geomini, LHM de Vleeschouwer, MHA van Hooff ... [See all authors](#) ▾

Outcomes	Intervention <i>n</i> = 51	Control <i>n</i> = 44	<i>P</i>
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Bleeding/micturition characteristics			
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hysteroscopic niche resection reduces postmenstrual spotting, and the discomfort from spotting, compared with expectant management after 6 months of follow-up

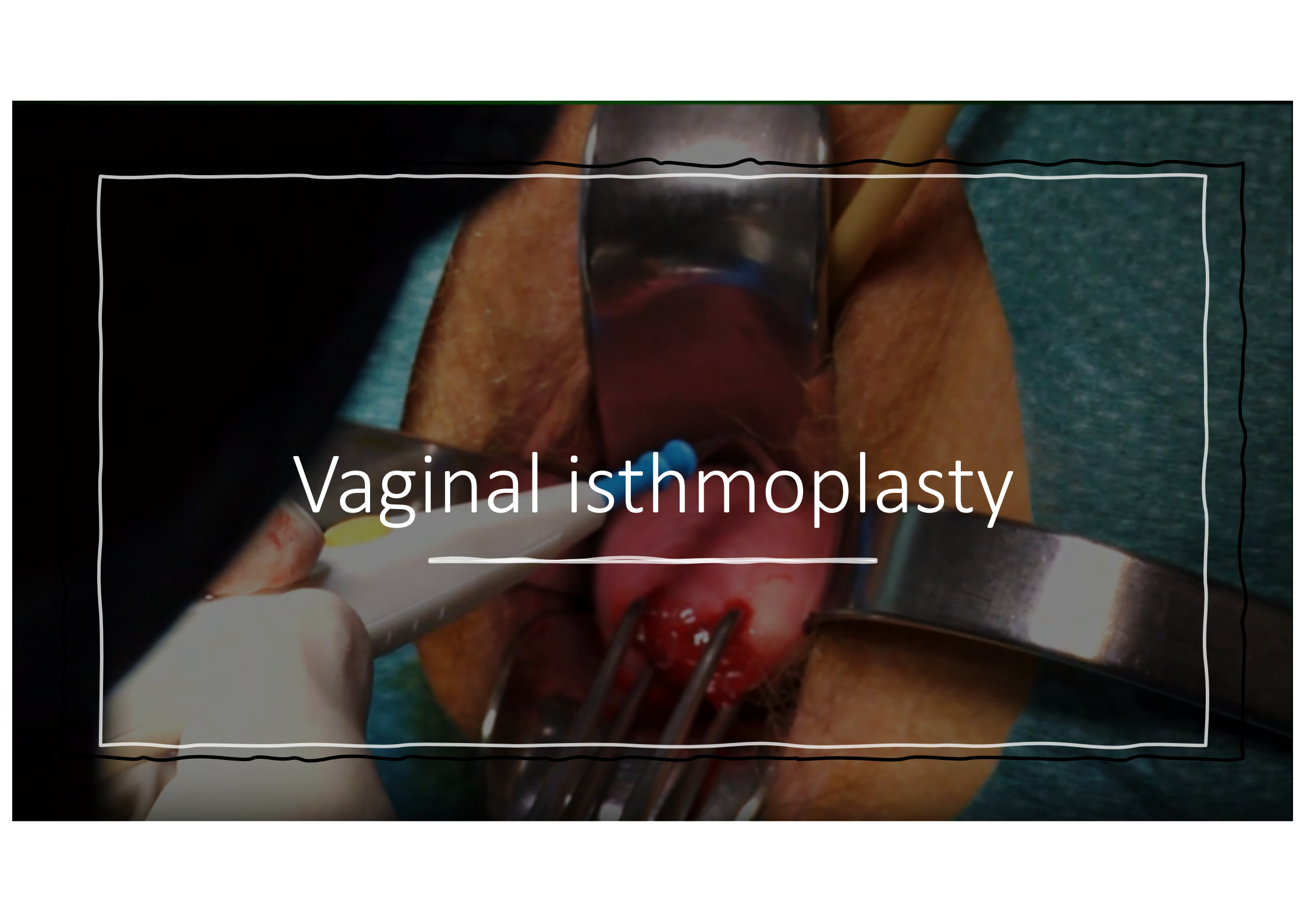
Dysmenorrhea (0–10)	3.0 (0–6.2)	4.3 (0–7.3)	0.37
Daily pain during micturition	2 (4.7%)	3 (7.9%)	0.67

Pregnancy and Adverse Obstetric Outcomes After Hysteroscopic Resection: A Systematic Review and Meta-Analysis

Xue Wu^{1 2}, Mei Zhang³, Ping Sun^{1 2}, Jing-Jing Jiang^{1 2 4 5 6}, Lei Yan^{1 2 4 5 6}



- 22 studies were included in this meta-analysis.
- Hysteroscopic resection was related to a **higher rate of term delivery** (**OR = 2.26**, 95% CI, 1.26–4.05), and a lower rate of spontaneous abortion (OR = 0.50, 95% CI, 0.27–0.93), and a lower rate of malpresentation (OR = 0.31, 95% CI, 0.19–0.50).

A close-up photograph of a surgical procedure, specifically a vaginal isthmoplasty. The image shows the internal vaginal tissue being manipulated with surgical instruments. A pair of forceps is visible on the left, and a scalpel is on the right. The central focus is on the vaginal opening, which is being widened or reshaped. The text "Vaginal isthmoplasty" is overlaid in white, centered on the image. The background is dark and out of focus, emphasizing the surgical site.

Vaginal isthmoplasty

Vaginal repaired cesarean section diverticulum is beneficial in women with two prior cesarean sections

[Yizhi Wang](#), [Jiarui Li](#), [Husheng Wang](#) ✉ & [Xipeng Wang](#) ✉

[BMC Women's Health](#) **20**, Article number: 81 (2020) | [Cite this article](#)

	Group A (n = 130)	Group B (n = 38)	P value
Average Duration of menstruation at 3 months after VR (day)	7.77 ± 2.05	8.06 ± 2.11	0.87
Average TRM at 3 months after VR (mm)	7.61 ± 2.52	8.04 ± 2.58	0.81
Average Duration of menstruation 6 months after VR (day)	8.02 ± 2.06	7.89 ± 2.32	0.44
Average TRM after VR at 6 months after VR (mm)	7.60 ± 3.00	8.22 ± 2.41	0.01

TRM thickness of remaining muscular layer, VR vaginal repair



	PROS	CONS
Hysteroscopic approach	➤ Day-hospital surgery ➤ Effective for symptomatic relief (bleeding)	➤ Uterine wall thinning ➤ Bladder injury ➤ Uterine perforation ➤ Only small defects ➤ Surgeon skills
Laparoscopic approach	➤ Good anatomic results	➤ Difficult surgical dissection ➤ Bladder injury ➤ General anesthesia ➤ Surgeon skills
Transvaginal approach	➤ Uterine wall thickness recovery ➤ Better exposure of the defect ➤ Good for large defects ➤ Safe dissection of bladder ➤ Scarless procedure ➤ Regional anaesthesia ➤ Day-hospital surgery ➤ Less postoperative pain ➤ Faster recovery ➤ Lower costs	➤ Surgeon skills

Surgical management of isthmocele

Symptomatic isthmocele

Asymptomatic
isthmocele

Reproductive desire

No reproductive
desire

No treatment

**Laparoscopic or vaginal
approach**

**Hysteroscopic approach (If
residual myometrial
thickness is $\geq 2,5-3,5$ mm)**



Hysteroscopic approach (only if residual myometrial thickness is $\geq 2,5 - 3,5$ mm)

Laparoscopic or vaginal
approach

Surgical management of isthmocele

Symptomatic isthmocele

Reproductive
desire

Gold standard ¹

Laparoscopic or
vaginal approach ³

As an alternative

Hysteroscopic approach
[only if residual myometrial
thickness is $\geq 2.5-3.5$ mm] ⁴

No reproductive
desire

Gold standard ²

Hysteroscopic approach
[if residual myometrial
thickness is $\geq 2.5-3.5$ mm] ⁴

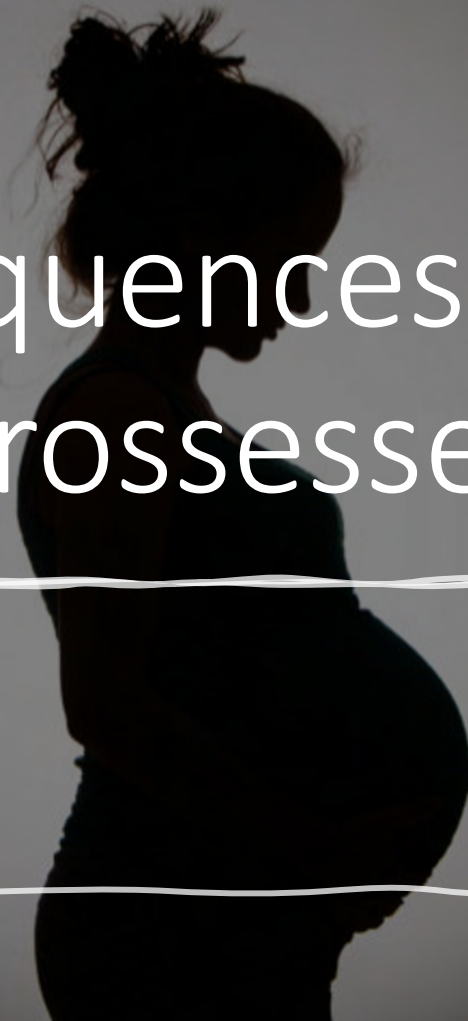
In case of failure or as an alternative

Laparoscopic or
vaginal approach ³

Asymptomatic isthmocele

No treatment

Conséquences sur la grossesse



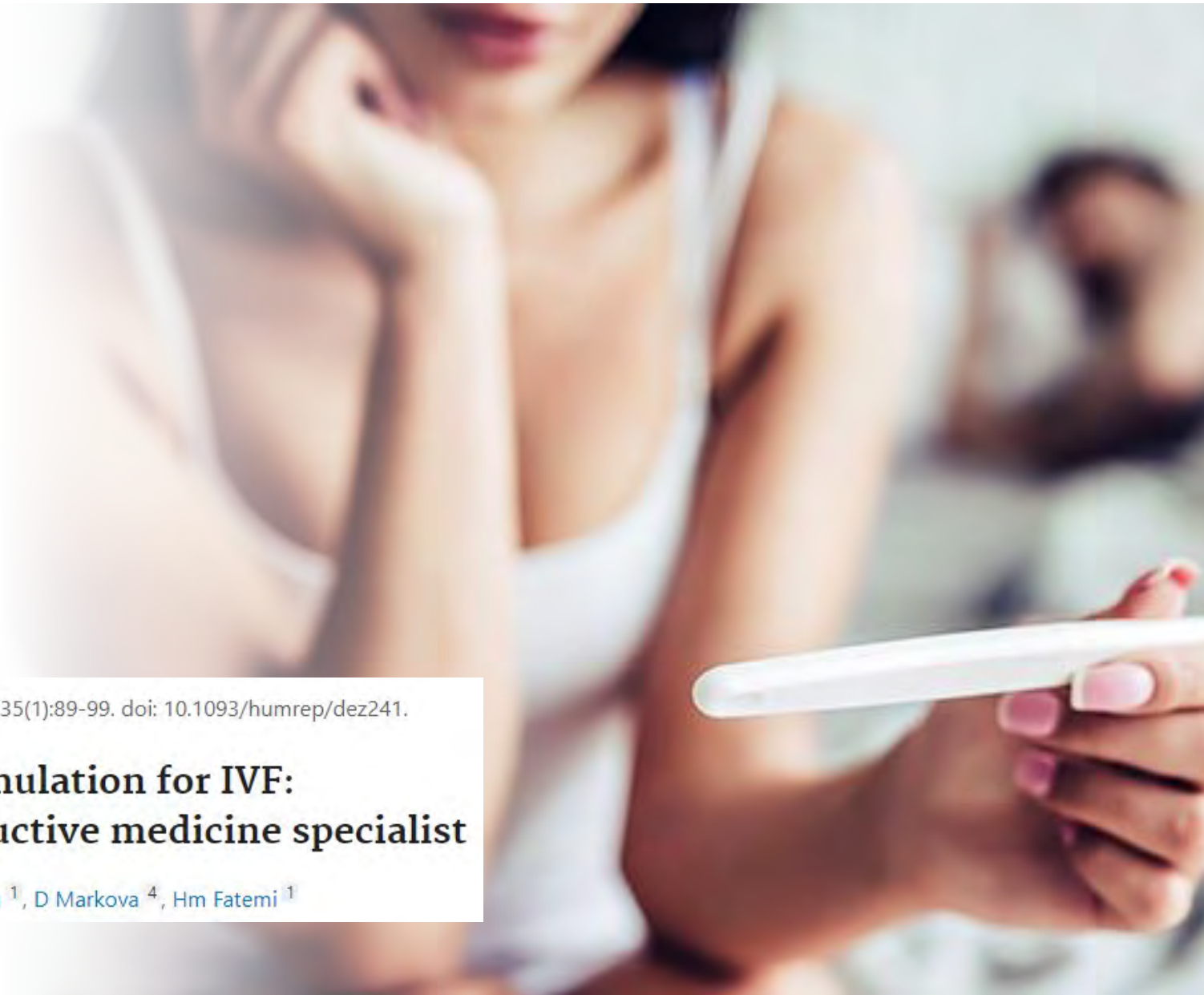
Infertilité

- Un antécédent d'accouchement par césarienne diminuerait la probabilité de naissance vivante ultérieure qu'elle survienne spontanément ou après AMP

Observational Study > [Hum Reprod.](#) 2020 Jan 1;35(1):89-99. doi: 10.1093/humrep/dez241.

Isthmocele and ovarian stimulation for IVF: considerations for a reproductive medicine specialist

B Lawrenz ^{1 2}, L Melado ¹, N Garrido ³, C Coughlan ¹, D Markova ⁴, Hm Fatemi ¹



Grossesse sur cicatrice :

Les patientes opérées avaient significativement plus de naissances vivantes (91,6% versus 73.9%, $p=0,03$), moins de grossesses sur cicatrice (2,4% versus 17,4%, $p=0,02$) et un segment inférieur plus épais à l'échographie (1,44mm versus 0,69mm, $p<0,001$). Mais **aucun ajustement n'a été réalisé dans cette étude rétrospective.**

> Int J Gynaecol Obstet. 2018 May;141(2):212-216. doi: 10.1002/ijgo.12444. Epub 2018 Feb 14.

The effect of surgery on subsequent pregnancy outcomes among patients with cesarean scar diverticulum

Xian-Ying Cheng^{1 2}, Li Cheng³, Wen-Juan Li¹, Lin-Hua Qian¹, Yong-Qin Zhang¹

Complications obstétricales :

➤ [Obstet Gynecol. 2011 Mar;117\(3\):525-532. doi: 10.1097/AOG.0b013e318209abf0.](#)

Clinical importance of appearance of cesarean hysterotomy scar at transvaginal ultrasonography in nonpregnant women

Olga Vikhareva Osser ¹, Lil Valentin

Aucune grossesse sur cicatrice ni placenta accreta n'a été rapportée.

Sur les 26 patientes qui ont accouché par césarienne :

- 2 déhiscences
- 2 ruptures (isthmocèle de grande taille)





Safety and feasibility of trial of labor in pregnant women with cesarean scar diverticulum

[Xiuqiong Zheng](#),¹ [Jianying Yan](#),^{1,*} [Zhaozhen Liu](#),^{1,*} [Xuechun Wang](#),¹ [Rongli Xu](#),¹ [Liying Li](#),¹ [Zhi Lin](#),¹ [Lianghui Zheng](#),¹ [Min Liu](#),² and [Yan Chen](#)²

Comparison of delivery outcomes between the study and control groups.

	Study group (n = 34)	Control group (n = 102)	P-value
Uterine scar thickness (cm)	0.15 ± 0.06	0.14 ± 0.04	0.397
Gestational age at delivery (weeks)	37.60 ± 2.80	38.27 ± 2.18	0.217
First stage of labor (minutes)	224.88 ± 202.40	319.71 ± 217.84	0.027
Second stage of labor (minutes)	21.44 ± 18.61	26.79 ± 19.90	0.170
Third stage of labor (minutes)	8.23 ± 14.24	5.71 ± 5.10	0.317
Postpartum blood loss (mL)	245.94 ± 137.82	228.91 ± 117.25	0.490



**Take
home message*

Les isthmocèles, en particulier ceux associés à une hydrométrie, peuvent être responsable d'infertilité.

La survenue d'une grossesse sur cicatrice d'isthmocèle est rare.

Un traitement systématique de l'isthmocèle asymptomatique ne peut pas être recommandée en raison du manque de données probantes.

La décision concernant le mode d'accouchement doit être prise au cas par cas, et une césarienne itérative n'est pas systématiquement justifiée.



Merci

Mahdia -Tunisie



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