# Prise en charge des grossesses sur cicatrice au centre de maternité de Tunis

Tlili Eya

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Juan les pins – 13 Juin 2025

# INTRODUCTION

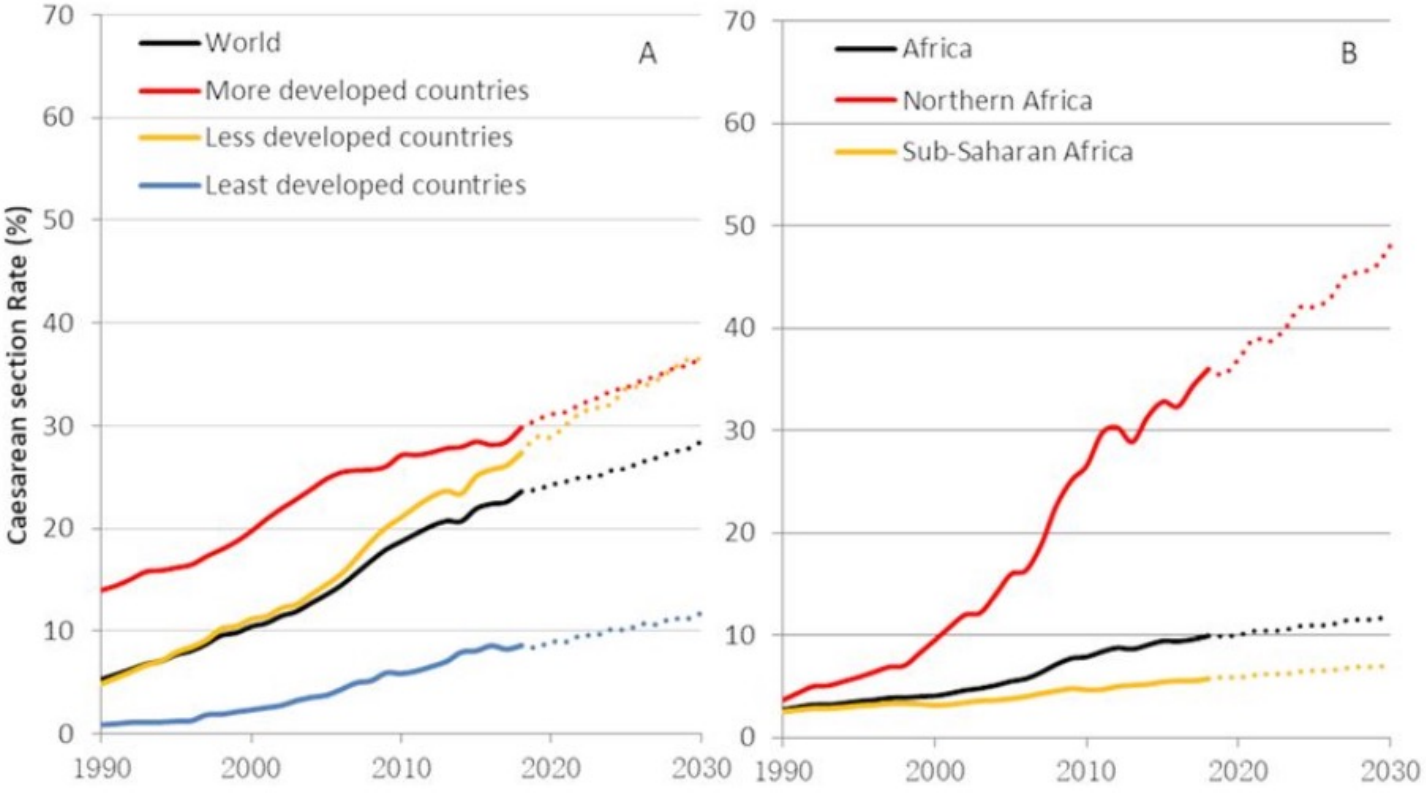
- Forme rare de grossesse ectopique (6,1% de toutes les GEU)
- 1/1800 à 1/2250
- En nette augmentation avec le taux de césariennes
- Engage le pronostic fonctionnel et VITAL (Risque d'hystérectomie d'hémostase)
- Importance du diagnostic précoce +++
- ECHOGRAPHIE ENDOVAGINALE
- PEC : Pas de consensus
- Notre expérience

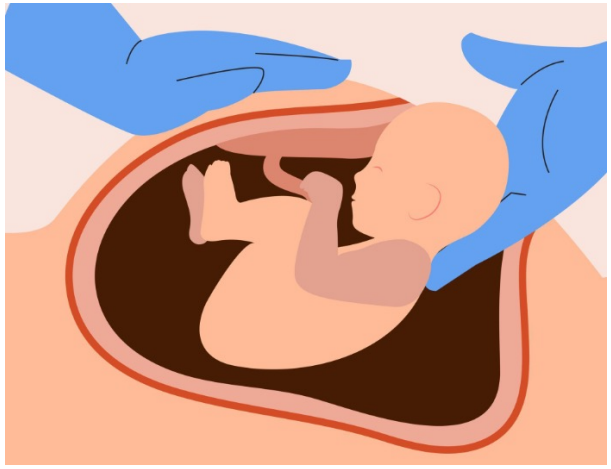
CMNT
SERVICE «B»

# Notre série

- Etude rétrospective transversale descriptive (47 cas)
- Centre de maternité et de néonatologie de Tunis – Service B
- 2023- 2024
- Grossesses sur cicatrice prise en charge dans notre service
- GSC diagnostiquées au CMNT ou transférées pour PEC

# FACTEUR DE RISQUE



**Ana Pilar Betran. BMJ Global Health 2021**

# Notre population

- Age moyen 34.5 ans  [27-42ans]
- **ATCDs:**

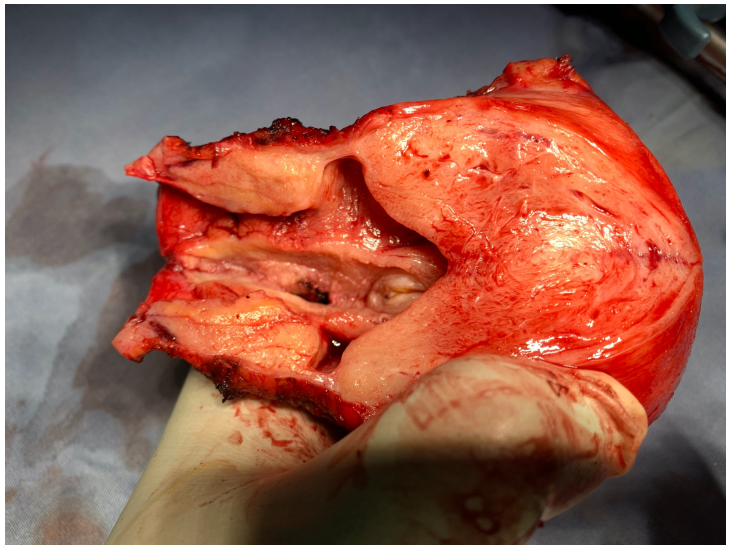
➢ Accouchement par c/s : 1 c/s (12), 2 c/s (28), 3 c/s (3) & 4 c/s (4)

➢ GEU : 3 cas ( 1 par MTX et 2 par chirurgie)

➢ Myomectomie chez une patiente

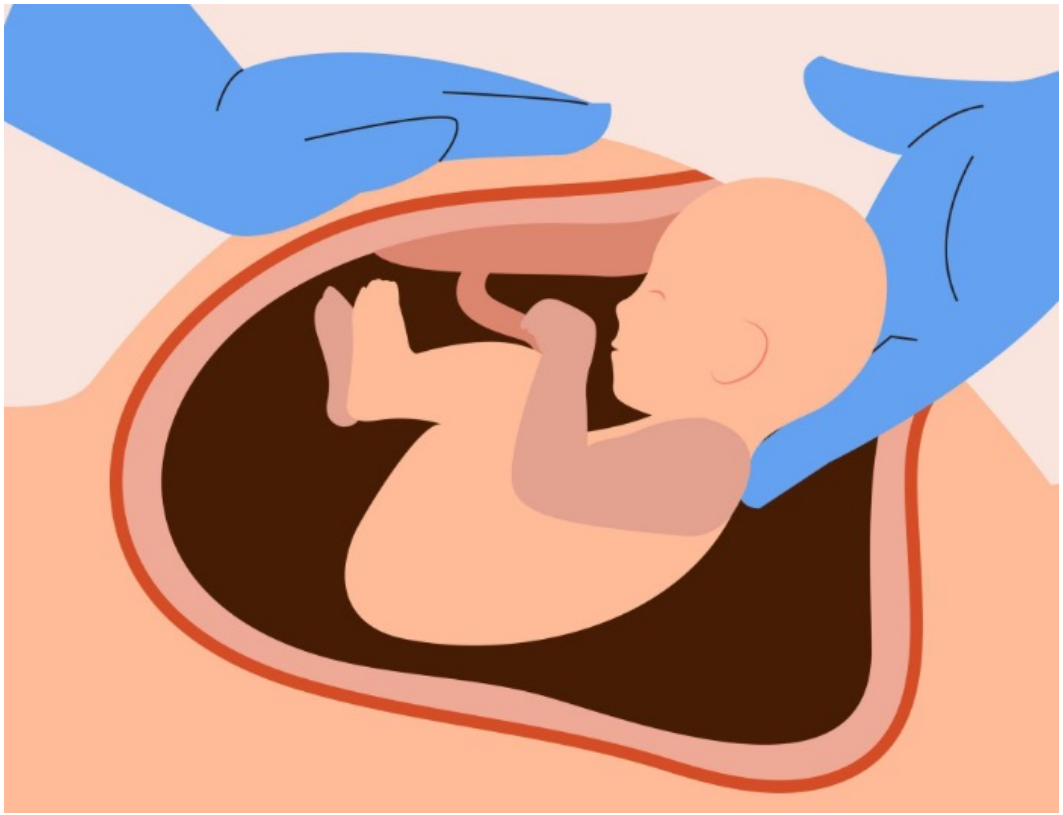
➢ Fausses couches: 11 cas ( 6 aspirations)

➢ IVG: 13 cas ( 5 aspirations)



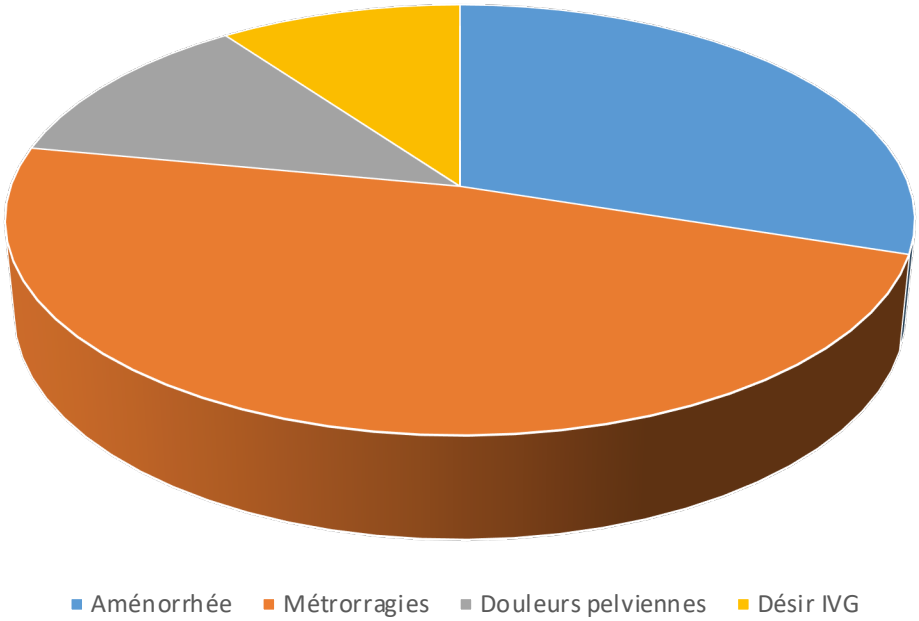
# Césarienne

- 15 de ces patientes ont eu au moins une césarienne faite **en urgence**.
- 3 de ces patientes ont **une cicatrice corporéale**.
- Toutes les hystéroraphies sont des surjets simples.
- 8 patientes dont l'intervalle inter-génésique est inférieur à 18 mois et dont 2 cas inférieur à 12 mois.



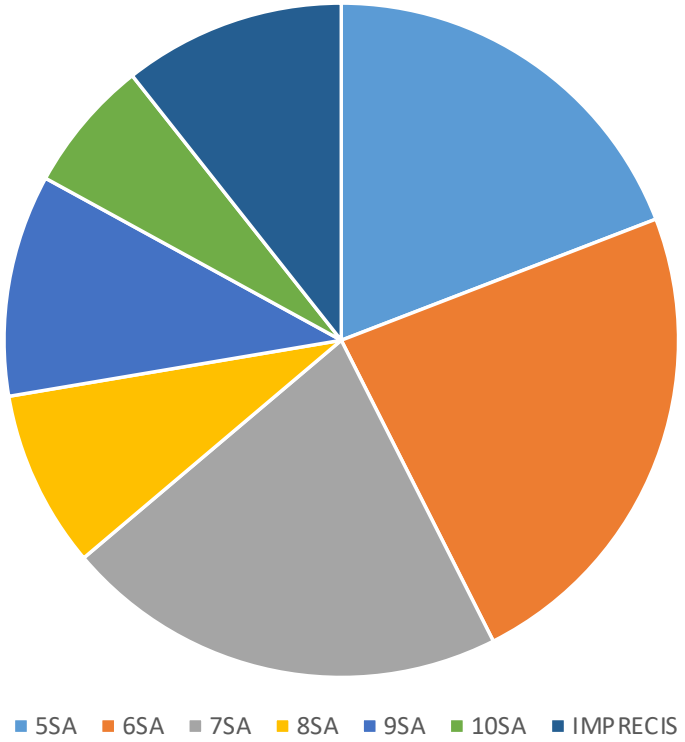
# CIRCONSTANCES DE DECOUVERTE

- Aménorrhée : 14 patientes soit 30 %.
- Métrorragies : 22 patientes soit 48%.
- Douleurs pelviennes : 6 patientes soit 12%.
- Désir d'IVG :  5 patientes soit 10%.



# TERME DE DECOUVERTE

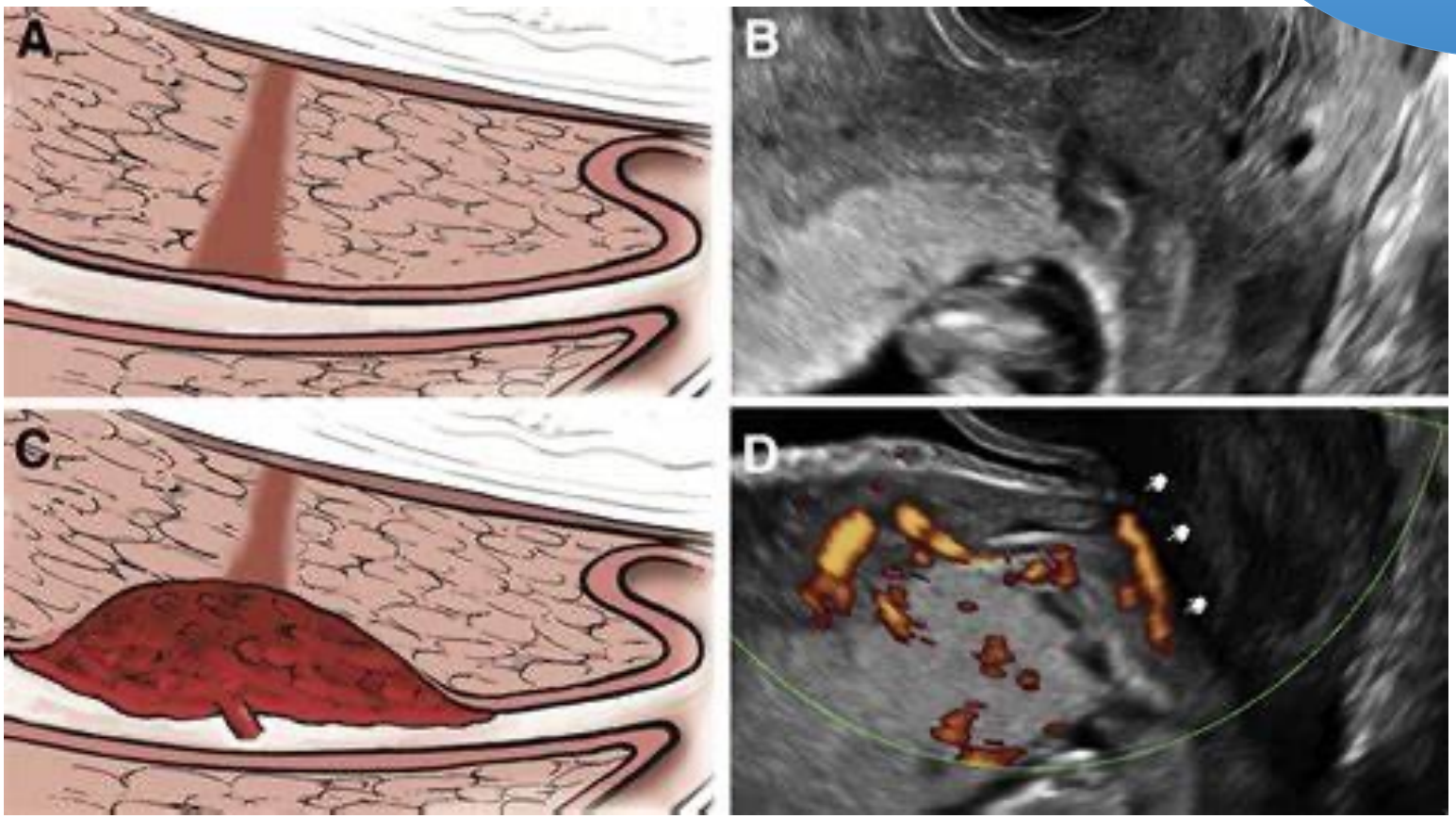
- 9 cas à 5 semaines d'aménorrhée.
- 11 cas à 6 semaines d'aménorrhée.
- 10 cas à 7 semaines d'aménorrhée.
- 4 cas à 8 semaines d'aménorrhée.
- 5 cas à 9 semaines d'aménorrhée.
- 3 cas à 10 semaines d'aménorrhée.
- 5 cas imprécis.



# Diagnostic

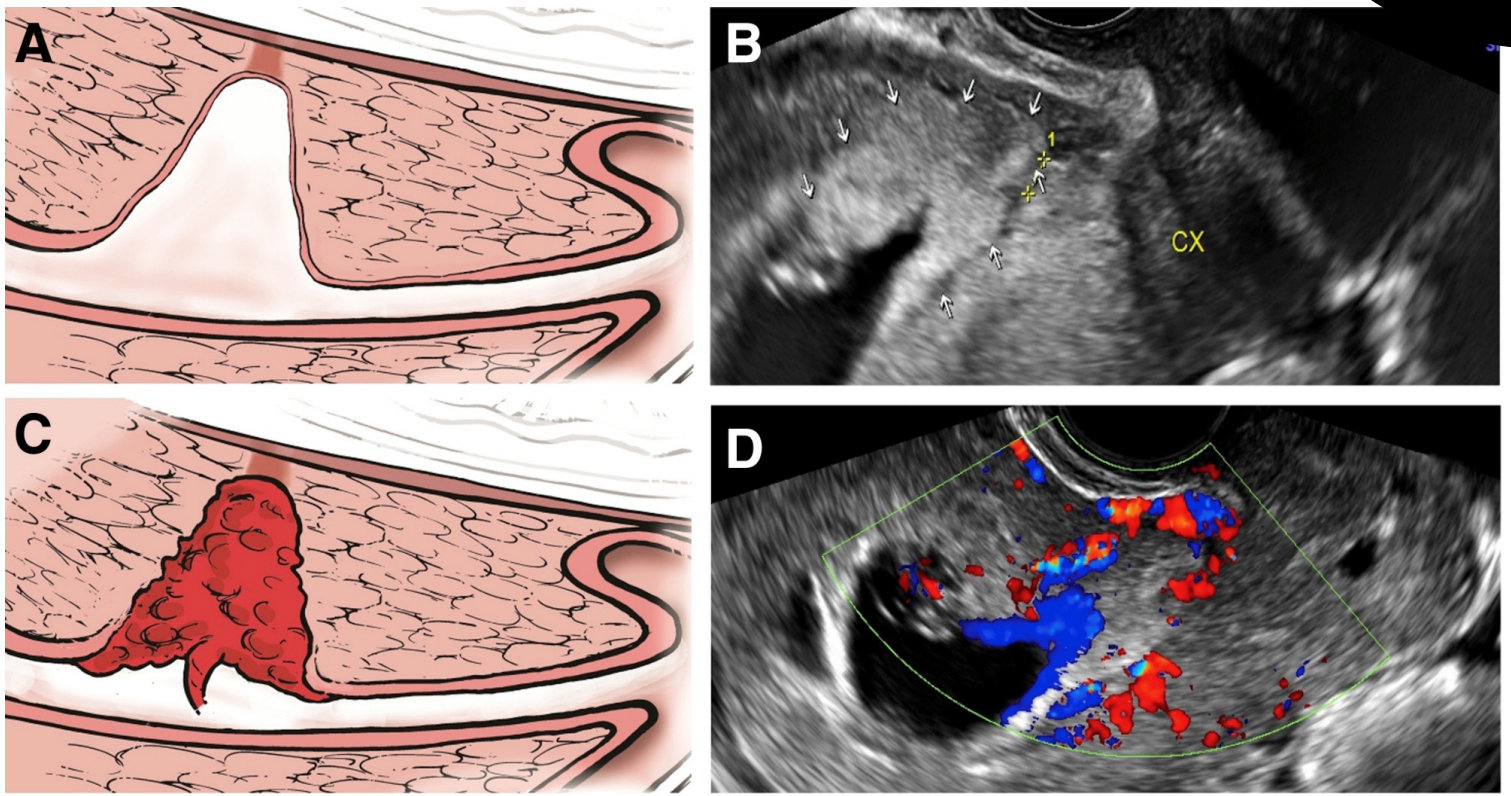
# « ON THE SCAR »

Au niveau d'une cicatrice bien cicatrisée.

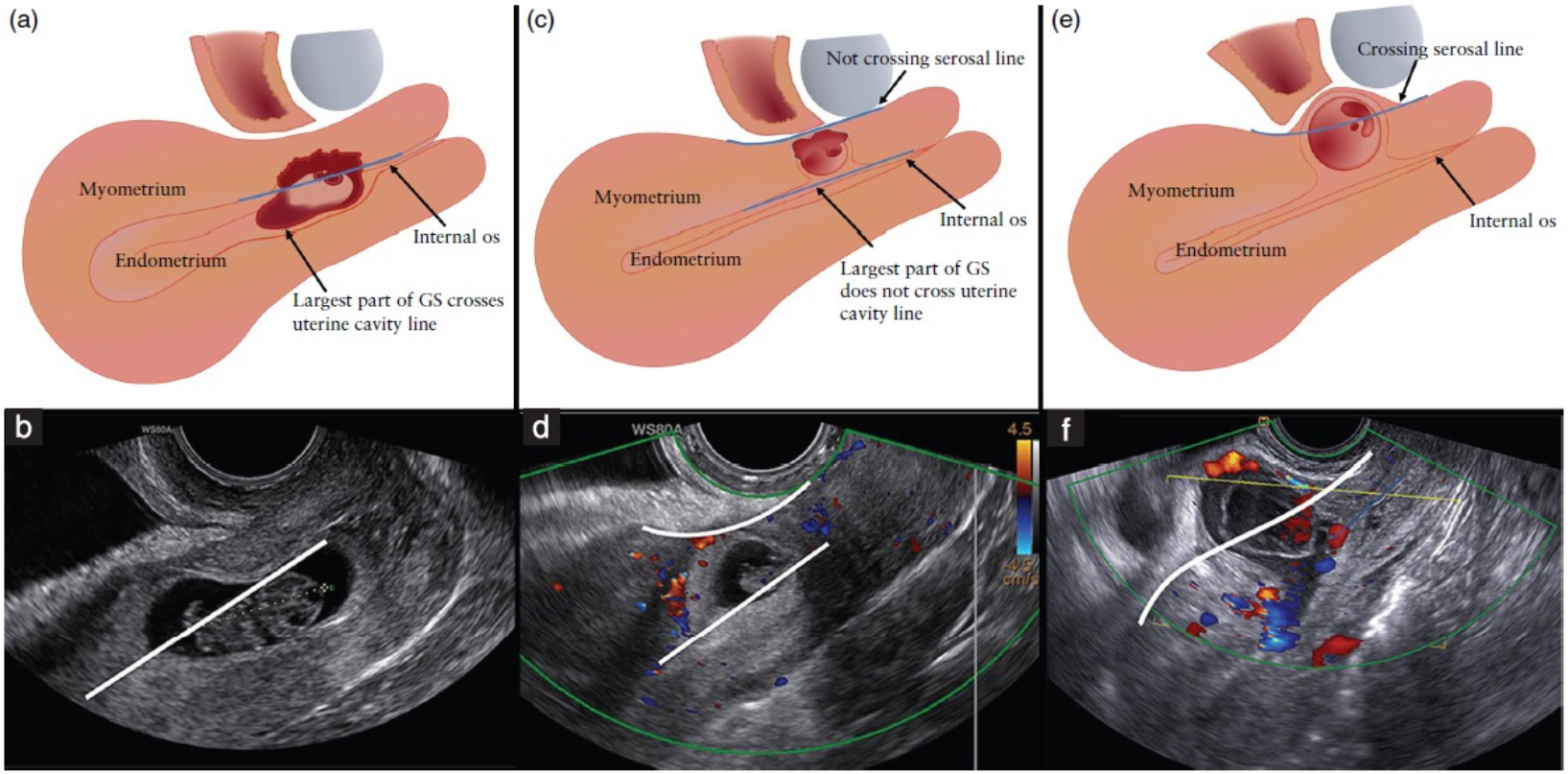


# « IN THE NICHE »

Au niveau d'une cicatrice mal cicatrisée , sur isthmocèle.



# Definition and sonographic reporting system for Cesarean scar pregnancy in early gestation: modified Delphi method




**Jordans & al.: Ultrasound Obstet Gynecol 2022; 59: 437–449**

Society for Maternal-Fetal Medicine
High-risk pregnancy experts

SMFM Special Report

smfm.org

Check for updates

# Special Report of the Society for Maternal-Fetal Medicine Placenta Accreta Spectrum Ultrasound Marker Task Force: Consensus on definition of markers and approach to the ultrasound examination in pregnancies at risk for placenta accreta spectrum

**Scott A. Shainker, DO, MS; Beverly Coleman, MD, FACR; Ilan E. Timor-Tritsch, MD; Amarnath Bhide, MRCOG, MD; Bryann Bromley, MD; Alison G. Cahill, MD, MSCI; Manisha Gandhi, MD; Jonathan L. Hecht, MD, PhD; Katherine M. Johnson, MD; Deborah Levine, MD; Joan Mastrobattista, MD; Jennifer Philips, MD; Lawrence D. Platt, MD; Alireza A. Shamshirsaz, MD; Thomas D. Shipp, MD; Robert M. Silver, MD; Lynn L. Simpson, MD; Joshua A. Copel, MD; Alfred Abuhamad, MD; On behalf of the Society for Maternal-Fetal Medicine**

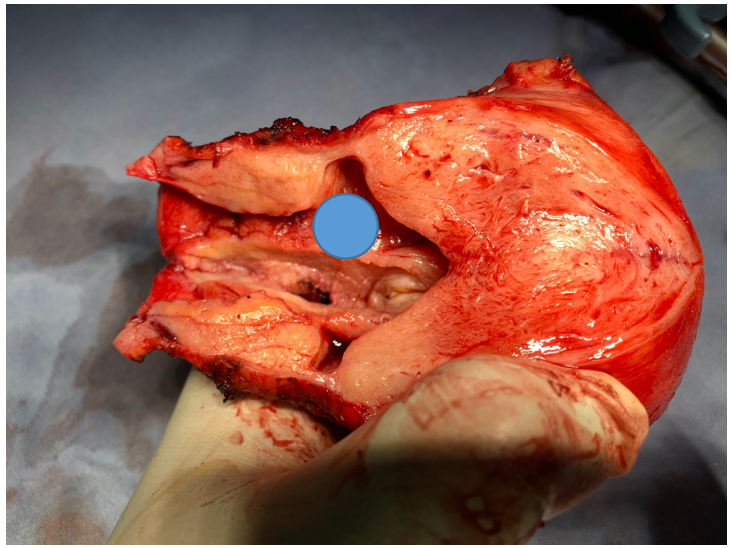
**TABLE 2**
**Definitions of placenta accreta spectrum markers in the first trimester of pregnancy**

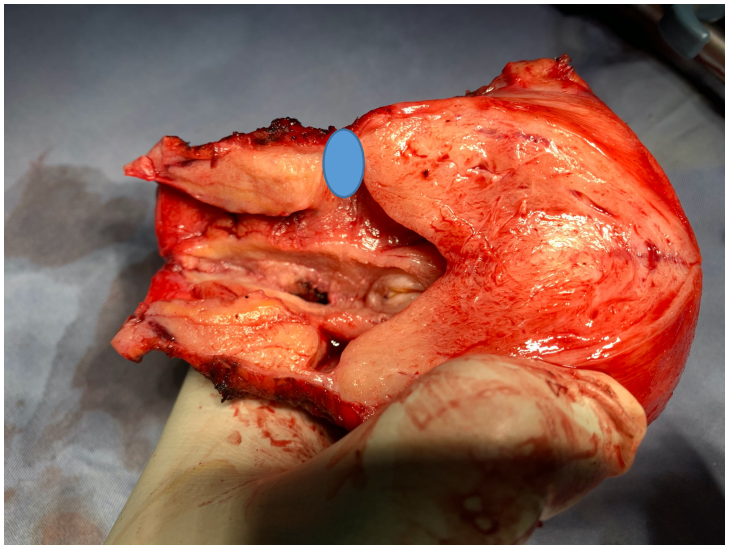
| Marker | Definition |
|---|---|
| Cesarean scar pregnancy | Gestational sac implantation in part or totally within the cesarean scar. |
| | Gestational sac may have a teardrop or triangular shape. |
| Low implantation pregnancy | Gestational sac located close to the internal cervical os (up to 8 6/7 weeks of gestation) and/or placental implantation located posterior to a partially filled maternal bladder (up to 13 6/7 weeks of gestation). |

*Shainker. Special Report of the SMFM: Definition of markers and ultrasound examination in pregnancies at risk of PAS. Am J Obstet Gynecol 2021.*

# ASPECT ECHOGRAPHIQUE

- « ON THE SCAR » : 33 cas
- « IN THE NICHE » : 14 cas
- 18 cas un embryon est visualisé dont 11 avec une activité cardiaque positive.





# HYSTEROSCOPIE DIAGNOSTIQUE

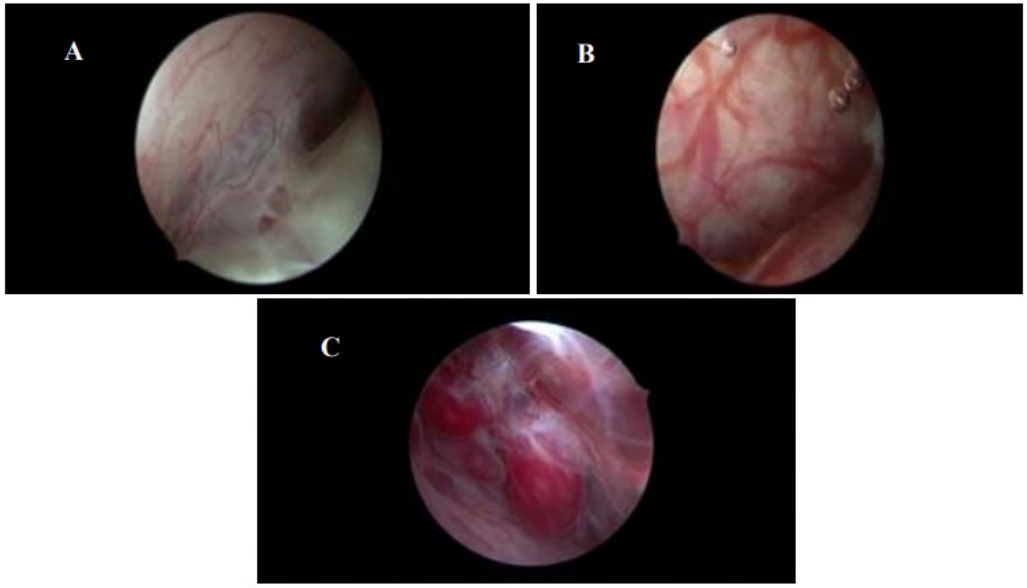
❖ **<u>Echographie pelvienne :</u>** diagnostic de présomption

❖ **<u>Apport de l'hystéroscopie:</u>**

✓ Diagnostic direct

✓ Etat de la niche

✓ Degrés de vascularisation




A) Lésion faiblement vascularisée
B) Lésion modérément vascularisée
C) Lésion richement vascularisée

# PRISE EN CHARGE

**PAS DE CONSENSUS**

Comparison of systemic and local methotrexate treatments in cesarean scar pregnancies: time to change conventional treatment and follow-up protocols

Semih Z. Uludag*, Mehmet S. Kutuk, Mehmet Ak, Mahmut T. Ozgun, Mehmet Dolanbay, Ercan M. Aygen, Yılmaz Sahin

*Erciyes University, Faculty of Medicine, Department of Obste*

Journal of Gynecology Obstetrics and Human Reproduction

Volume 51, Issue 10, December 2022, 102471

Original Article

Management of caesarean scar pregnancy ction curettage catheter

Melih Velipasaoglu, Samet Arslan

RESEARCH

GENERAL GYNECOLOGY

## Uterine artery embolization compared with methotrexate for the management of pregnancy implanted within a cesarean scar

YaLing Zhuang, MD; LiLi Huang, MD

**OBJECTIVE:** The objective of the study was to compare the efficacy and safety of uterine artery embolization (UAE) vs systemic methotrexate (MTX) for pregnancy within a cesarean scar.

**STUDY DESIGN:** Seventy-two women with pregnancy within cesarean scar were randomly allocated to a UAE group (37 cases) or an MTX group (35 cases), which all was followed by suction curettage. The primary outpoints include bleeding loss, serum β-human chorionic gonadotropin level, and side effects.

**RESULTS:** The bleeding volumes were 36.93 ± 6.01 mL in the UAE group and 415.63 ± 68.37 mL in the MTX group ($P < .001$). The hospitalization time was 11.73 ± 0.80 days in the UAE group and 39.63 ± 4.57 days in the MTX group ($P < .001$). There was no severe side effect in both groups.

**CONCLUSION:** For pregnancy within a cesarean scar, UAE followed by suction curettage appears to have more advantage and may be a priority option.

**Key words:** cesarean scar, methotrexate, pregnancy, suction curettage, uterine artery embolization

**Cite this article as: Zhuang Y, Huang L. Uterine artery embolization compared with methotrexate for the management of pregnancy implanted within a cesarean scar. Am J Obstet Gynecol 2009;201:152.e1-3.**

## Outcome of Cesarean scar pregnancy managed expectantly: systematic review and meta-analysis

G. CALÌ[1], I. E. TIMOR-TRITSCH[2], J. PALACIOS-JARAQUEMADA[3], A. MONTEAUGUDO[2], D. BUCA[4], F. FORLANI[1], A. FAMILIARI[5], G. SCAMBIA[5], G. ACHARYA[6,7] and F. D'ANTONIO[7,8]

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# TRAITEMENT

- **<u>Dans notre série</u>**

*Aspiration écho-guidée = 27 (58%)

*Aspiratic

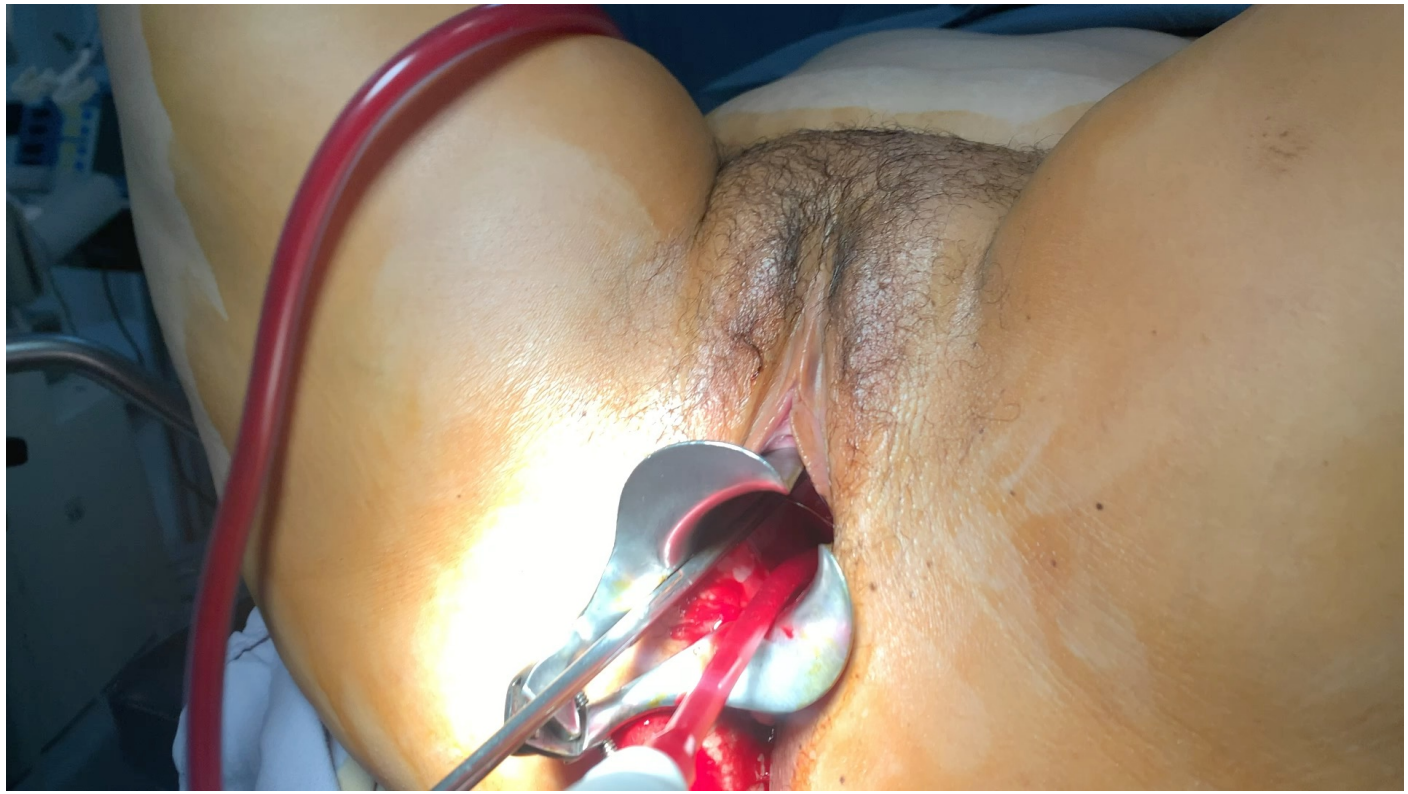
tamponn

**Aspiration ± Sonde de Foley**

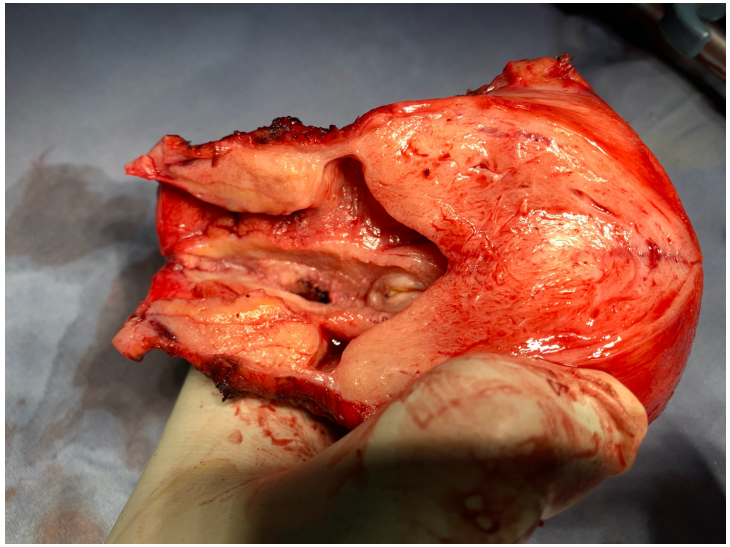
*Méthotrexate in situ = 1 (2%)

*Embolisation des artères utérines = 1 (2%)

# Vidéo

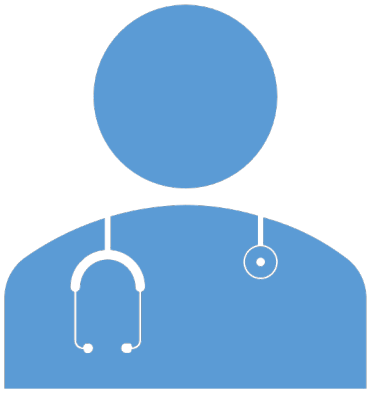


# COMPLICATIONS



- 4 cas ayant nécessité une transfusion sanguine
- Pas de séjour en réanimation
- Pas d’hystérectomie d’hémostase

# CONCLUSION



- Pathologie émergente (avec le taux de césarienne)
- Intérêt du diagnostic précoce par le biais de l'échographie endo-vaginale
- Hystéroscopie diagnostique : intérêt diagnostique et pronostique??
- L'aspiration écho-guidée (+/-sonde de tamponnement) : CHOIX
- Pronostic VITAL
- PEC par une équipe expérimentée (réanimateurs et gynécologues) avec un plateau technique adapté
- Prévention : Réduire le taux de césarienne