The CDC reports that in 2019, nearly 32% of all pregnancies in the United States resulted in a cesarean section. The obstetric patient continues to be more complex with rising rates of obesity, diabetes, and maternal age. As a result, management of such patients in the postpartum period becomes a greater challenge. Current literature defines an isthmocele as an anatomic defect from a previous cesarean section scar, where the myometrial thickness is reduced by 50% or greater. A significant amount of research has been devoted to what this means for our patients today. Case reports show uterine rupture, placenta accreta spectrum disorders, abnormal uterine bleeding (AUB), pelvic pain, cesarean scar pregnancy and secondary infertility related to patients with isthmoceles. Although surgery is the problem for these patients, attention must be turned to see if surgery can also be the solution.

**METHODS**

A case is described of a 39-year-old G1P1 presenting 2 months after her cesarean delivery with longer and irregular menstrual periods. Subsequent two and three-dimensional transvaginal sonography (2D and 3D-TVS) showed a 1.2 cm x 0.6 cm x 1.8 cm isthmocele with collections of free fluid.

**RESULTS**

The patient was counseled for a repair of isthmocele given a systematic review of surgically repairing isthmoceles for improving pelvic pain and uterine bleeding. The patient underwent an uncomplicated DaVinci repair of isthmocele and diagnostic hysteroscopy. The patient was followed with 3D TVS and noted to have a successful repair of the isthmocele and complete resolution of abnormal uterine bleeding and pelvic pain. She has since gotten pregnant approximately 16 months after her surgery and is currently in the third trimester.

**CONCLUSIONS**

Isthmocele, as demonstrated in our patient, can be a cause of abnormal uterine bleeding, pelvic pain, and possibly infertility. Other systematic reviews show its relation to increased rates of placenta accreta spectrum disorders as well as uterine rupture. Going forward, more case reports and systematic reviews will be needed to mature our knowledge of isthmoceles so that we can optimize surgical technique to prevent it as well as treat it. Understanding its presentation as well as 2D and 3D TVS ultrasound with or without saline infusion Sonohysterography (SIS) diagnosis will also help us manage this surgical complication so that we can counsel patients better on outcomes and expectations.

**REFERENCES**


**CONTACT**

Akash.Jani@aaah.org