**Cesarean scar pregnancy (CSP)** is an iatrogenic pathological entity, and is a direct consequence of a cesarean delivery.¹ There are two different types of CSP. Type I (CSP-I) is caused by implantation of the gestational sac (GS) on the scar with progression toward either the cervico-isthmic space or the uterine cavity. Type II (CSP-II) is caused by deep implantation of the GS into a previous CS defect with infiltrating growth into the uterine myometrium and bulging from the uterine serosal surface, which may result in uterine rupture and severe bleeding during the first trimester of pregnancy. Thus, timely management with an early and accurate diagnosis of CSP-II is essential.

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**INTRODUCTION**

Cesarean scar pregnancy (CSP) is an iatrogenic pathological entity, and is a direct consequence of a cesarean delivery.¹ There are two different types of CSP. Type I (CSP-I) is caused by implantation of the gestational sac (GS) on the scar with progression toward either the cervico-isthmic space or the uterine cavity. Type II (CSP-II) is caused by deep implantation of the GS into a previous CS defect with infiltrating growth into the uterine myometrium and bulging from the uterine serosal surface, which may result in uterine rupture and severe bleeding during the first trimester of pregnancy. Thus, timely management with an early and accurate diagnosis of CSP-II is essential.¹ Larsen and Solomon¹ reported the first case of a CSP in 1978.¹

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**CASE #1**

Patient is a 33 Y/O G5P2032 F. Two previous Cesarean sections for Hx of open myomectomy. Embryo transfer on 5/21/19. S/P hemicolectomy secondary to appendiceal carcinoid. Patient denies vaginal bleeding or pelvic pain. Quant hCG = 10,818. Operation Davinci resection of CSP with lysis of adhesions. She also received MTX. Postoperative course uneventful.

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**CASE #2**

Patient F 33 Y/O GSP3013 one NSVD and two previous Cesarean sections. C/O vaginal bleeding. Laparoscopy with resection of CSP and repair of isthmocele. Postoperative course uneventful.

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**CASE #3**


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**CONCLUSION**

We’re all familiar with the “epidemic” of cesarean deliveries in this country, including placenta previa and placenta accreta spectrum (PAS). The first-trimester CSP is less well-known and documented. No proper consensus exists as to management guidelines for CSP.¹

Transvaginal sonography (TVS) is the best and first-line diagnostic tool, with magnetic resonance imaging (MRI) reserved for cases in which there is a diagnostic uncertainty.¹

Laparoscopic removal of the CSP can allow subsequent wound repair. Laparoscopy can become an effective alternative for the treatment of CSP-II.

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**REFERENCES**


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