

Window to the Womb: Pregnancy Following Extensive Preconception Cesarean Scar Dehiscence

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Background

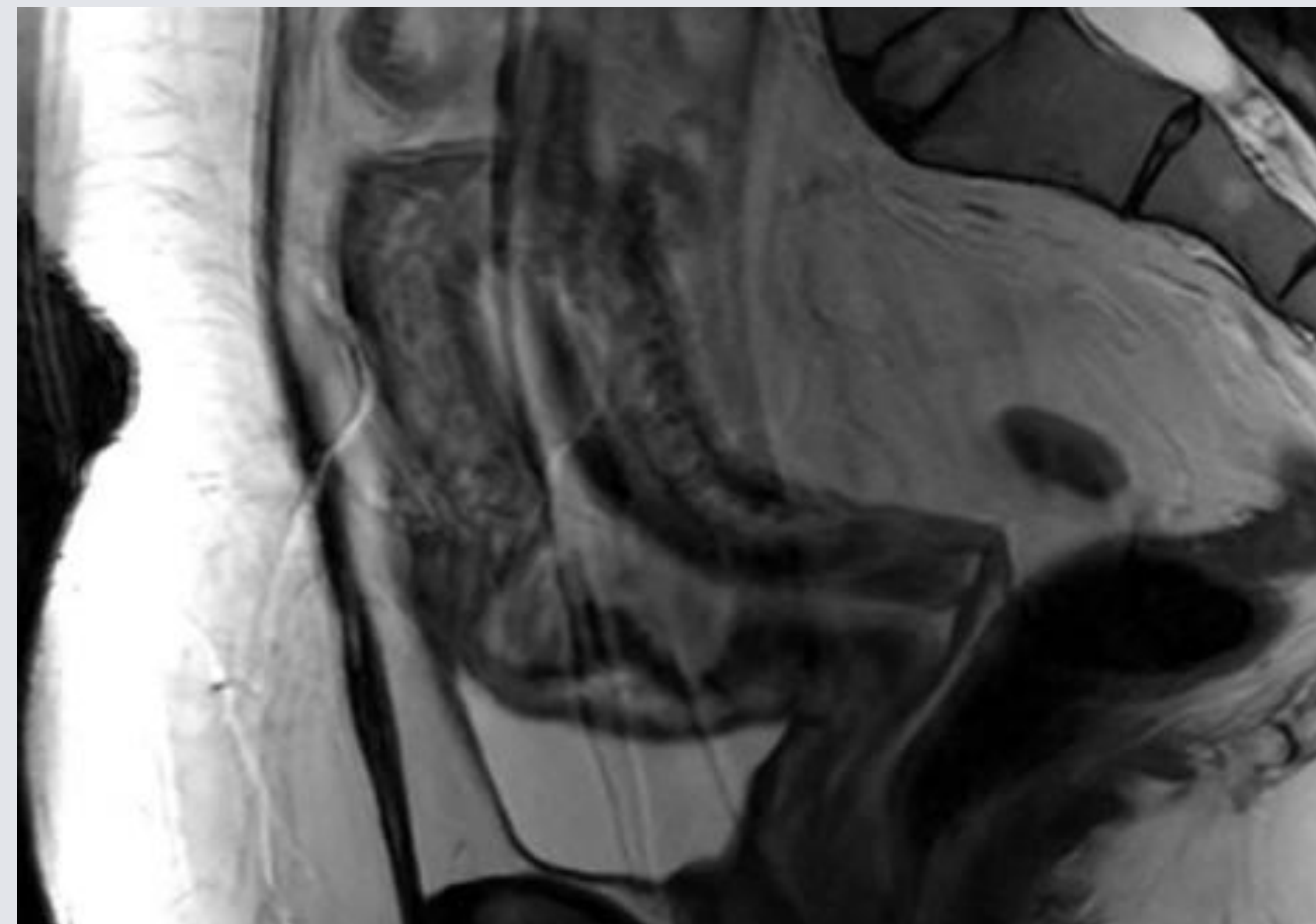
Cesarean scar dehiscence, or "uterine window," identified before conception is an uncommon finding with limited evidence to guide management during a subsequent pregnancy. The risk of progression to uterine rupture poses significant maternal and fetal concerns, often necessitating individualized surveillance and delivery planning. Published reports describing successful prolongation of pregnancy after a known preconception uterine window remain scarce.

Case

A 33-year-old gravida 5, para 2-0-2-2 underwent suction dilation and curettage under ultrasound guidance for management of an early pregnancy loss. During the procedure, a defect within the prior cesarean scar was identified. Subsequent transvaginal ultrasound demonstrated a lower uterine segment defect with protrusion of the endometrium through the cesarean scar, consistent with a uterine window. Pelvic magnetic resonance imaging further characterized the defect, confirming a 10-mm cesarean scar dehiscence involving the full width of the lower uterine segment/isthmus. Given the extent of the defect and concern for uterine rupture in a future pregnancy, interval surgical repair was recommended prior to conception. Before repair could be performed, however, the patient conceived spontaneously after a short interpregnancy interval.

Following confirmation of an ongoing pregnancy, she received extensive counseling regarding the uncertain risk of uterine rupture, potential maternal morbidity, and absence of data to guide management. Management options, including pregnancy termination and expectant management with close surveillance, were reviewed in detail. The patient elected to continue the pregnancy.

C-section Scar Dehiscence



Preconception MRI



Intraoperative image

Management

Serial sonographic surveillance was performed throughout gestation. At the detailed anatomic survey at 22 weeks, the dehiscence measured 17 mm. Given concern for progressive scar separation and catastrophic uterine rupture with advancing gestation, care was coordinated by Maternal-Fetal Medicine, her primary obstetric provider, and Neonatology. Multidisciplinary counseling and shared decision making prompted planned inpatient management beginning at 26 weeks, she remained clinically stable. At 34 weeks, a planned repeat cesarean delivery was performed. Intraoperative findings confirmed significant lower uterine segment thinning and a 2cm uterine dehiscence. Both mother and neonate had favorable postoperative courses and were discharged in stable condition.

Conclusion

Pregnancy following an unrepaired, preconception diagnosis of cesarean scar dehiscence represents a rare and challenging clinical scenario. This case demonstrates a favorable outcome following intensive surveillance, prolonged antepartum hospitalization, and planned preterm cesarean delivery. Further studies are needed to define optimal surveillance strategies and timing of delivery for pregnancies complicated by known uterine scar dehiscence