Combined laparoscopic and hysteroscopic management of caesarean scar pregnancy with intraoperative uterine repair: A case report

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ABSTRACT

Introduction: Caesarean scar pregnancy (CSP) is a rare ectopic pregnancy with risks of uterine rupture and haemorrhage. Early diagnosis and appropriate management are vital. A combined hysteroscopic-laparoscopic approach may offer a safe and definitive treatment option. **Case Description:** A 29-year-old woman, gravida 4 para 3 with three prior caesarean sections, presented with per vaginal bleeding and early pregnancy symptoms. Transvaginal ultrasound showed a mixed echogenic mass at the previous scar site. Serum beta-hCG decreased from 4259 to 3290 IU/L over 48 hours. As the patient declined medical therapy due to follow-up constraints, combined hysteroscopy and laparoscopy were performed. The gestational tissue was removed under hysteroscopic guidance using the Bigatti shaver system. Simultaneous laparoscopic supervision ensured real-time monitoring of uterine integrity. A thinned anterior wall at the scar site was identified and reinforced with a continuous V-Loc suture. Histopathology confirmed products of conception. Beta-hCG dropped to 846 IU/L at 12 hours and 24 IU/L at one week postoperatively. The patient recovered well and was satisfied with the outcome. **Discussion:** This case demonstrates that a combined hysteroscopic-laparoscopic approach is effective for CSP management. The Bigatti system allows precise, minimally invasive removal, while laparoscopy enables assessment and repair of uterine defects, potentially reducing future rupture risk.