

A case series of caesarean scar pregnancy (CSP) in Hospital Tengku Ampuan Rahimah

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ABSTRACT

Introduction: Caesarean scar pregnancy (CSP) is a special form of ectopic pregnancy characterized by the implantation of a gestational sac into the myometrium at the location of a caesarean scar. The incidence is low, but the increment of cases is seen in parallel with a rise in the incidence of caesarean section. **Case Description:** We present a series of three clinical cases of CSP managed in our Maternal-Fetal Unit, successfully treated via a minimally invasive technique. All three patients presented by 6 weeks of pregnancy with a similar complaint of painless per vaginal spotting. In two of the cases, a misdiagnosis of aborting pregnancy was made which was eventually revised to CSP. Once the diagnosis of CSP was established, they were treated with ultrasound-guided transvaginal intra-gestational injection of potassium chloride and methotrexate. Regular β -HCG monitoring complemented with imaging was done during each follow-up as scheduled. By week 12 post-treatment their β -HCG returned to normal limits proving a success in treatment. **Discussion:** With the rising incidence of CSP, a high index of suspicion should be present in patients with a previous scar and a gestational sac visualized at the lower pole of the uterus adjacent to the scar. If the diagnosis of CSP is achieved before 8 weeks of pregnancy, minimally invasive treatment can be considered as a treatment option as it offers fertility preservation in an asymptomatic patient.

Steroid cell tumour of the ovary: A rare case report

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ABSTRACT

Introduction: Ovarian steroid cell tumours are very rare functioning sex-cord stromal tumours, accounting for only 0.1% of all ovarian tumours. They are usually unilateral, benign with only 25-45% malignant cases. Most steroid cell tumours secrete steroid hormones, and only about 10-15% of patients are asymptomatic. **Case Description:** This case involved a 30-year-old female who presented to our Gynaecology outpatient clinic with a 2-year history of subfertility, hirsutism, virilization, and amenorrhea. Ultrasonography revealed a solid right ovarian mass. She was diagnosed with a right ovarian tumour, and underwent right salpingo-oophorectomy & omentectomy. Histopathology revealed a diagnosis of steroid cell tumour. This case is reported due to its rarity and its unusual presentation. We also included a brief review of the current literature. **Discussion:** Steroid cell tumour is a very rare condition in reproductive-age women, the presentation may lead to polycystic ovarian syndrome (PCOS) diagnosis, which is a more common condition. Thorough history-taking and clinical examination with the support of biochemical values and imaging studies are important, to ensure the correct diagnosis and management. As we know, one-third of the tumours may turn out to be malignant, and prediction of malignant behaviour on pathological features is difficult. In this case, we learned that the proper diagnosis may need input from an experienced pathologist for a better direction of care.