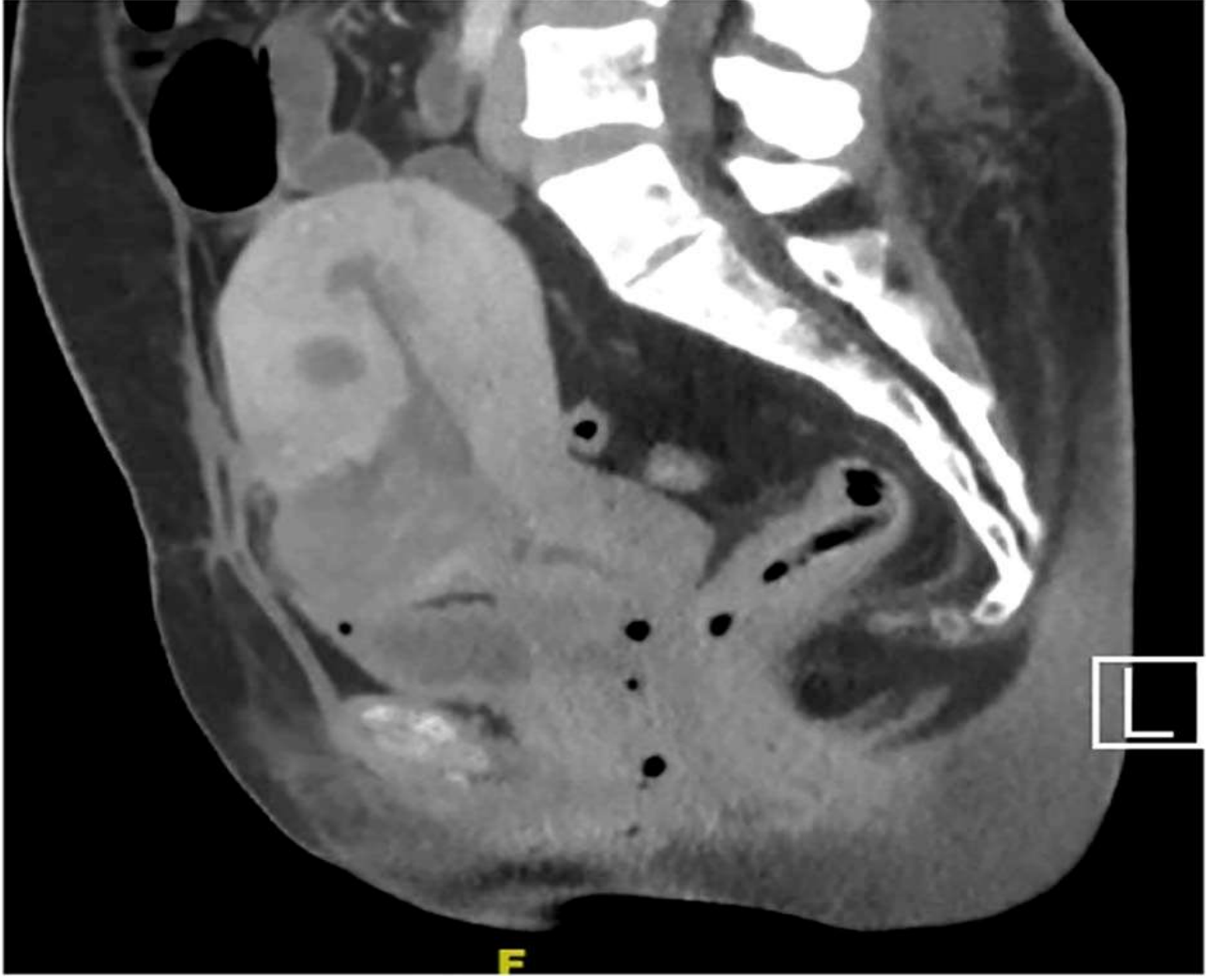
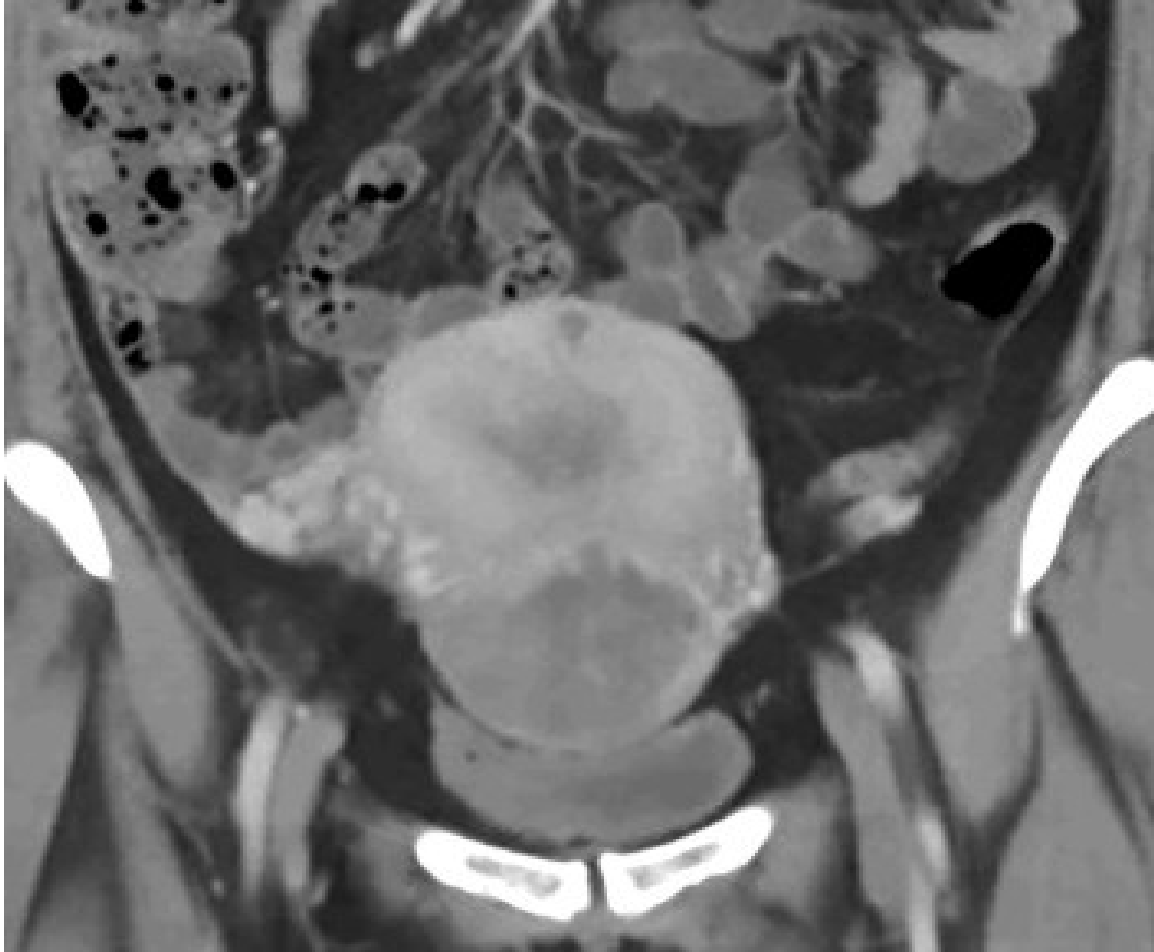


- **ABSTRACT ONLY** | [VOLUME 25, ISSUE 7, SUPPLEMENT](#), S53-S54, NOVEMBER 01, 2018
- **Markedly Enlarged Isthmocele Diagnosed After 12-Week Twin Pregnancy Loss**

- **Design:** Case report and literature review.
- **Settings:** Academic-affiliated gynecology specialty practice.
- **Patients:** 38-year-old G3P2 presented with acute hemorrhage, hypotension, severe anemia, and incomplete abortion of a 12-week IVF twin pregnancy. She previously had undergone two prior cesarean deliveries with one delivery complicated by a cystotomy

- **Interventions:** The patient underwent an urgent dilation and curettage. Exam under anesthesia revealed a large palpable cesarean section scar defect with placental involvement, thus the procedure was performed under ultrasound guidance and diagnostic laparoscopy was performed. Total EBL was 1600 mL. Laparoscopy revealed severe adhesions involving the entire anterior portion of the uterus to the anterior abdominal wall. No uterine rupture or intraabdominal bleeding was noted.





- **Measurements/Results:** Post-procedure imaging demonstrated an isthmocele defect measuring 4.2 x 6 x 3.5 cm. Further treatment with laparoscopic repair versus hysterectomy is still to be determined.

- **Conclusions:** The prevalence of isthmocele vary widely, ranging from 19–84%, but are often underdiagnosed. Cesarean delivery leads to uterine scar defects and may be seen in up to 61%, 81%, and 100% of the women who undergo one, two, or three cesarean sections respectively. The largest documented cesarean scar defect in our literature search measured 4.3 x 3.5 x 4.5 cm in a patient with abnormal uterine bleeding, which resolved after laparoscopic repair. There is no determined defect size cutoff for repair or pregnancy avoidance.