Reply to “Letter to the Editor” by Cem Yener et al.

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Dear Editor,

We thank Cem Yener and colleagues for their letter to the editor regarding our recently published retrospective study on surgical outcomes of cesarean scar pregnancy (CSP) [1]. They also report 13 patients with type 1 CSP who were recently successfully treated in their department, without the need for an additional medical treatment. All the 13 patients underwent dilatation and curettage under anesthesia. Only two patients needed additional Foley catheter compression for hemostasis.

As our retrospective study covers a long period of time, we re-checked the ultrasonic images and reclassified them according to cross over sign (COS) proposed by Cali et al. [2], which was not exactly the same as the traditional classification as mentioned in our study [1]. Some of the traditional type 2 CSP may be reclassified as type 1 CSP in our study. In addition, based on the expert consensus on diagnosis and treatment of CSP (China, 2016), CSP with a remaining myometrium thickness of less than 3.0 mm also had high risk of uterus rupture or severe hemorrhage, which led to the option of laparoscopy-monitor dilatation and curettage. This was the case and abundant blood flow signals were seen in three type I CSP patients who received

uterine artery embolization treatment before the operation in our study. Laparoscopic treatment for type I CSP has also been reported [3].

We believe that ultrasound-guided dilatation and curettage is an appropriate and a reliable method in the presence of type 1 CSP. Even more, we found that some patients with type II CSP or a remaining myometrium thickness of less than 3.0 mm may also be safely treated by ultrasound-guided curettage. The study with more evidence is in process.

References

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