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Title

Management of cesarean scar ectopic pregnancies at an academic referral center:
A case series

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contraception [LARC], or estrogen containing combined oral contraceptives [COCs] at the first follow-up visit vs baseline (elagolix initiation).

RESULTS: Women (N=193) had a mean age of 28.5 years, and most (75.1%) had received previous endometriosis-related treatment. Overall, endometriosis pain was reported as better in 79.3% (n=153) of women who received elagolix concomitantly with HCs and specifically in 72.7% of women receiving COC (n=24), 79.2% of women receiving LARC (n=76), and 80.5% of women receiving POP (n=33). Documented discontinuations included anxiety/depression (n=4), mood changes (n=2), nausea (n=1), and other (n=2) or increased (n=2) pain. This study was limited geographically and by sample size.

CONCLUSION: This analysis demonstrated that women taking elagolix for endometriosis-associated pain had improvement regardless of the HC used. Future studies are needed on the safety and efficacy of concomitant use of elagolix with specific hormonal contraceptives.

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Preliminary Data From Clinical Trial to Survey Results of Flourish Vaginal Care System for Recurrent BV [A80]

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INTRODUCTION: Bacterial vaginosis (BV) is a vaginal dysbiosis causing pain, irritation, discharge, odor, and itching. Antibiotic treatment is standard of care, but BV recurs in up to 50% of patients in 1 year. We hypothesized that using the Flourish Vaginal Care (FVC) system (an over-the-counter kit by Good Clean Love), with iso-osmotic components to optimize vaginal pH and *Lactobacillus* levels would reduce BV recurrence.

METHODS: Ten women with two or more BV episodes within the past 2 years were enrolled in the pilot study for 11 weeks. Participants were treated with metronidazole and simultaneously started on a daily external wash with pH<4.4; iso-osmolar intravaginal lactic acid-containing gel every other day, and vaginal homeopathic suppository in a probiotic base every 3 days. Outcomes were vaginal pH, BV, and yeast occurrence tested biweekly. Participants journaled associated symptoms daily. Patient satisfaction was determined via telephone interview 10-12 months post trial.

RESULTS: During the trial, no participants had BV recurrence. Mean vaginal pH decreased from 4.54 to 4.08 at baseline to study end. Journals showed decreased frequencies of pain and irritation (~2-fold) and itching (~4-fold). All (100%) of subjects participating in telephone interviews were satisfied with their symptom resolution 10-12 months post trial.

CONCLUSION: Our pilot study shows that consistent use of vaginal products that are iso-osmotic and support optimal vaginal pH with bio-matched lactic acid prevents BV recurrence and alleviates associated symptoms. This work has important implications for prevention of recurrent BV and is evidence for the importance of maintaining the vaginal microbiome.

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Influence of Socioeconomic Factors on Surgical Wait Times for Elective Surgeries in Benign Gynecology [A81]

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INTRODUCTION: In various disciplines, an association between patient outcomes and surgical wait times has been identified. This study provides the first investigation into whether practice setting influences wait times for elective surgeries in benign gynecology.

METHODS: This retrospective study of patients at three Manhattan hospitals from October 2019 to February 2020 compared surgical wait times among patients seen in federally qualified health centers (FQHC) and private practice settings. Emergent surgeries, oncology cases, abortions, urogynecology procedures, and cases concurrently booked with another specialty were excluded. Surgical wait time was defined as the time (days) from the decision to operate to the day of procedure. A multivariable mixed model was used to model the log of surgical wait time by setting of care, adjusting for age, body mass index (BMI), race/ethnicity, insurance, need for medical clearance, and scheduled block time.

RESULTS: A total of 540 patients were identified with a median age of 45.6 years (range 16-87 years). Average surgical wait time was 27 days (range 1-288 days). In multivariate analysis, longer surgical wait times were associated with the FQHC setting relative to private practice (70.9% longer, $P=.006$), and with needing medical clearance (36.8% longer, $P=.02$). Insurance type and race/ethnicity did not significantly impact surgical wait times in multivariate analysis. In univariate analysis, patients with public insurance had longer wait times compared with patients with commercial insurance (25% longer, $P=.03$).

CONCLUSION: These results suggest that in benign gynecology, surgical wait times are significantly influenced by practice setting. Further research should investigate the reasons behind these pre-operative delays with the goal of correcting inequities inherent in the medical system.

Financial Disclosure: The authors did not report any potential conflicts of interest.

Management of Cesarean Scar Ectopic Pregnancies at an Academic Referral Center [A82]

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INTRODUCTION: Cesarean scar ectopic pregnancies (CS-EP) represent less than 1% of ectopic pregnancies and are associated with significant morbidity when undiagnosed. Currently, no standard of care exists for optimal management.

METHODS: We reviewed our de-identified family planning clinical database for patients seen by our subspecialty service for CS-EP from 7/2017-6/2021 as a quality assurance project. We extracted referral date, final diagnosis, management, and outcome information.

RESULTS: Of 47 patients referred for suspected CS-EPs, 16 (34%) had a confirmed diagnosis with eight less than and eight greater than 50 days gestation (range 39-58 days). Most (n=40[85%]) referrals occurred in the last 2 years of the 4-year study period. We treated all eight patients less than 50 days primarily with suction aspiration under ultrasound guidance with no complications and estimated blood loss (EBL) of 17 ± 11 mL. The eight patients greater than 50 days included six managed with primary aspiration, of which four were uncomplicated, one required intrauterine Foley balloon (EBL 200 mL), and one had uterine perforation and exploratory laparotomy (EBL 250 mL). Two patients primarily received systemic methotrexate with aspiration after significant hCG decline, one uncomplicated and one requiring intrauterine Foley balloon (EBL 250 mL). One patient (57 days) had attempted intrauterine double-catheter balloon for primary treatment with immediate hemorrhage requiring uterine artery embolization followed by an uncomplicated suction aspiration.

CONCLUSION: Patients with confirmed CS-EPs at less than 50 days gestation can be primarily treated with suction aspiration with low risk for significant adverse outcomes. CS-EPs of greater than 50 days gestation are more likely to have complicated outcomes.

Financial Disclosure: The authors did not report any potential conflicts of interest.

