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Session:

P201. Comparative Analysis of The Diagnosis of Istmocle After Cesarean Section

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Context: The trend towards an increase in the caesarean section rate, on the one hand, has led to a decrease in risks for the fetus, and on the other hand, to an increase in risks for the woman. Publications on morphological changes in the uterine scar after cesarean section in women describe various imaging and istmocele detection techniques, but there was not enough data on the diagnostic algorithm.

Objective: to compare the diagnostic value of different methods for assessing the condition of the uterine scar after caesarean section.

Materials and methods: We studied 40 patients prospectively, who had thinning of the scar on the uterus in the form of an "istmocele". Patients underwent ultrasound of the pelvic organs no earlier than 6 months after CS. At the second stage, an MRI was performed. In addition, ultrasound was performed with intrauterine injection of isotonic sodium chloride (saline) solution. All patients diagnosed with scar "istmocele" underwent hysteroscopy.

Results. According to the ultrasound data, it was revealed that the residual thickness of the myometrium of the scar on the uterus was on average 3.3 ± 1.54 mm. As a result of the MRI, it was revealed that the residual thickness of the myometrium was 3.44 ± 1.64 mm. The sensitivity of the method was 80%, the specificity was 71% ($p < 0.05$). With hysteroscopy, the "istmocele" was visualized in 95% of cases.

Conclusion. Despite the fairly high diagnostic efficiency of all methods for assessing the condition of the uterine scar after cesarean section, it is necessary to use at least two different examinations (routine ultrasound, ultrasound with contrast, MRI) to reduce the measurement error and decide on the need for surgical treatment. In complex diagnostic cases, it is necessary to use hysteroscopy as a third technique, which allows you to accurately visualize the defect.

