Introduction

Single-port laparoscopy is an operation mode that uses the natural channels of the human body as the entrance and conceals surgical incision with skin wrinkles, leaving almost no incision scar (1). Single-port laparoscopy relieves patient pain, preserves therapeutic effect, and has good cosmetic results which are satisfying particularly for younger patients. Single-port laparoscopy has been widely applied in minimally invasive gynecological operations, including oophorocystectomy, hysterectomy, myomectomy, and even pelvic lymph node dissection (2,3). However, the application of single-port laparoscopy in the treatment of cesarean scar pregnancy has not been widely reported. In our patients, we performed bilateral uterine artery pre-ligation, cesarean scar pregnancy resection, and lower uterine segment repair plastic surgery under single-port laparoscopy. Three days after the operation, blood reexamination of β-HCG was 1,968.00 mU/mL, and 1 week after discharge, it was 100.00 mU/mL.

Surgical technique

The patient was given a tracheal cannula and put under general anesthesia. The patient was then asked to take a position with the head low and the hips high or in a horizontal position. The longitudinal incision at the middle of navel was about 1.5–2 cm long, the single-port access platform was inserted into the abdomen under direct view, and CO₂ was injected. Pneumoperitoneum pressure was maintained at 10–12 mmHg. A broad ligament was opened in the triangular region consisting of the adnexa, iliac vessel, and round ligament (Figure 2). An elastic separating plier was inserted slowly. The space from the anterior and posterior lobes of the broad ligament to the base was opened gradually to search the uterine artery, and the ureter was searched and confirmed upon observing arteriopalmus (Figure 3). The uterine artery was dissociated at 0.5–1 cm outside of the bilateral ureter, and a #7 wire was applied for pre-ligation of the bilateral uterine artery (slip knot) (Figure 4). Hypophysin 3U was injected into the uterine to perform the uterine curettage. Next, the vesico-uterine peritoneal reflection was opened, and the bladder was pushed downward in order to expose and cut the...
incisional pregnancy mass (Figures 5, 6). The uterine incision edges were trimmed (Figure 7), and this was followed by continuous suture of 2 layers of the uterine incision and bladder reflected peritoneum (Figure 8). Finally, the slip knot at the bilateral uterine artery was untied, and the wire was taken out (Figure 9). The pelvic cavity was rinsed, and the umbilical region was stitched (Figure 10).

**Comments**

This was a type II cesarean scar pregnancy, and the operation involved cutting the uterine scar tissue while eliminating pregnancy residues. Meanwhile, a repair of the anterior wall of the inferior uterine segment was performed, and the normal anatomical structure was recovered. During the operation, pre-ligation of the uterine artery was performed to reduce bleeding in a short period. Moreover, laparoscopic surgery is conducive to relieving the operative wound. Research has demonstrated that single-port laparoscopy has many advantages compared with traditional...
laparoscopy, including the relief of post-operation pain, a smaller risk of incision infection, and the better cosmetic effect of a minimally invasive surgery (5).

Acknowledgments

None.

Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Written informed consent was obtained from the patient for publication of this manuscript and any accompanying images.

References

