

EXTRA FAMILY

The unkindest cut of all



Life goes on... Sharon Evans with daughter Bridgette, 10, husband Neil and daughter Lauren, 7. After two terminations due to caesarean scar pregnancies she is past wanting to have another child. She plans to write a book about her ordeal.

Photo: Peter Morris

'Anyone who goes through losing a baby knows it's absolutely devastating.'

After 30 years guiding mothers through pregnancy and childbirth, there wasn't much that obstetrician Hugh Torode hadn't seen. But Sydney fitness instructor Sharon Evans was no ordinary case.

In fact, the then 36-year-old mother of two was an extraordinarily rare case and, by the time she came to his North Shore consulting rooms 14 weeks pregnant in May 2007 she and husband Neil were at their wits' end.

Sharon had one of the rarest forms of ectopic pregnancy called a caesarean scar pregnancy (CSP). Usually a fertilised egg embeds in the uterine wall and occasionally in the wall of the Fallopian tube. But Sharon's embryo implanted in the scar tissue left by the caesarean section she had six years earlier.

"There have been cases reported but I've never seen one and that's unusual after 30 years in this game," Dr Torode says.

Due to its rarity there are no universal treatment guidelines for CSP. The risk of uncontrollable bleeding and uterine rupture is too great to continue the pregnancy.

But just how to end the pregnancy without harming the mother or forcing a hysterectomy was proving difficult in Sharon's case.

She should have been a routine patient. A qualified Pilates instructor, fitness trainer and former *Beauty And The Beast* TV panelist, Sharon prided herself on her rigorous exercise regime and, in particular, her core stability.

Despite preferring to deliver her second daughter Lauren vaginally, as she had with eldest daughter Bridgette, she had a caesarean under medical advice as Lauren was in the

breach position. Having experienced both forms of delivery, Sharon couldn't understand how some women elected to deliver surgically without a medical reason.

"With Bridgette I was back to work and firing in the same clothes within a week with Lauren I couldn't even walk up the stairs and was so sore for months," she says. "And for years I just felt the scar wasn't right."

Now her caesarean was coming back to haunt her. A routine ultrasound showed Sharon was six weeks pregnant, but with a CSP she had no choice but to terminate. "I kept thinking, can't they move the baby into a different position?" she says.

Faced with a case they had never seen before, doctors opted to give Sharon a course of the chemotherapy drug methotrexate, which is used to terminate early ectopic pregnancies by stopping the growth of rapidly dividing cells.

There were a few case reports in medical journals which described the successful use of methotrexate for CSP so for seven weeks she sat in the oncology ward with a drip in her arm, traumatised at the thought of toxic chemicals being pumped into her body. At first she went once a week, then twice, then three times a week.

"Sitting there next to these poor cancer patients who were dying was very uncomfortable," Neil says. "But the treatment failed and the baby continued to grow. Her hormone levels were as high as they were before

chemotherapy began. Sharon was racked with both morning sickness and nausea from the drugs, although she continued to train her clients, who were unaware of her situation, and teach Pilates.

Now 14 weeks pregnant, Sharon's condition was becoming increasingly life-threatening as the foetus grew in size, still embedded in her scar.

"I was screaming on the phone every night looking for a bit of medical direction," says Neil, a former Fox television presenter who is regularly seen and heard on television and radio as Centrebet's public relations and media chief.

They were referred to Dr Torode, who says some ectopic pregnancies don't respond to methotrexate injection. Neil and Sharon believe it was because of her very high level of fitness. But the baby developing inside her healthy body was a ticking time bomb.

Neil says Dr Torode "moved medical mountains" to get his wife into the operating theatre immediately.

"He was gobsmacked and basically said, 'Don't eat from this moment, I'll fit you in straight away'," Sharon says.

The operation was complex and dangerous. Guided by transvaginal ultrasound to avoid perforating the bladder and uterus, an injection of methotrexate was navigated into the pregnancy sac. Despite the risks, Sharon had not wanted a hysterectomy.

But two days later she was back on

the operating table. An ultrasound had shown remnants of foetal material that had to be removed.

"Anyone who goes through losing a baby knows its absolutely devastating," Sharon says.

The drama didn't end there. Debilitatingly ill, Sharon was back in hospital weeks later, where a large blood clot was discovered.

For seven weeks it was monitored and after it failed to resolve itself, she had another surgery to drain the clot. Dr Torode says that, in hindsight, "there were certain aspects of Sharon's condition that didn't go well".

"It could have been better managed but the rarity of the condition meant the doctors involved had never treated it before," he adds.

An ectopic pregnancy occurs in about one in 60 pregnancies but just 5 per cent of these don't occur in the fallopian tubes, including CSP, ovarian and cervical pregnancies.

However, with one-third of NSW women now delivering surgically, doctors including Dr Torode fear the rising rate of caesarean sections will see the incidence increase.

A report last year in the *International Journal Of Obstetrics And Gynaecology* found there has been a substantial increase in the number of CSPs reported in English language literature in the past five years, in line with a worldwide rise in caesarean sections.

The first CSP case was reported in 1978 and only 19 cases were published until 2001.

"The exponential rise in its incidence during the past five to six years may be a true increase in incidence because of rising caesarean section rates worldwide or an apparent increase as a result of more liberal use of transvaginal scans in early pregnancy," the

report stated. The report acknowledged that doctors still only had "good practice points based on anecdotal case reports and small case series" on which to base their decisions.

By spring last year Sharon felt well for the first time since she became pregnant in February. Doctors assured Sharon it was safe to try and conceive again. "It was a very emotional choice but we thought, rather than dwell on it for years, we'd try again straight away," Neil says.

Sharon became pregnant quickly. But an ultrasound showed she was pregnant with twins and again the embryo had embedded in exactly the same spot in the caesarean scar.

Neil was distraught. "I thought we'd conquered this mountain and now this. To happen once, but twice? I couldn't face it."

Last year's report states to date there's been only three cases of recurrent CSP. Methotrexate was again considered but Dr Torode performed another operation and, this time, things went smoothly.

"I was really annoyed at myself for trying to get pregnant again," says Sharon, who plans to write a book about her ordeal.

The couple have decided not to have more children. "I could die next time. And I've actually gone past wanting another baby now," she says. "I've got two beautiful children, an amazing husband and I'm over it. There's nothing wrong with me and life does go on."

PHOTO: PETER MORRIS