RESULTS

- 100 pregnant women with previous C.S . has the lower uterine segment scar was found to be ≥ 2 mm and were enrolled in the study.

- General characteristics of all the studied patients will be described in the table No (1).

- Indication of the previous C.S. in the patients will be shown in the table No(2).

- Results of transvaginal ultrasound before delivery show frequency distribution of the LUS scar thickness will be shown in the table No (3).

- Management of labor among all patients will be described in the table No(4).

- Indication for repeated C.S. will be described in the table No(5).

- Comparison between women with successful trial of labor and failed trial of labor will be shown in the table No(6).

Table (I): General characteristics of all the studied patients

	Total number = 100
Age (mean ± SD) (years)	28 ±5.8
Height (mean ± SD) (Cm)	166 ±5.4
Weight (mean ± SD) (Kg)	79 ± 7.3
Gestational age (mean ± SD) (weeks)	38.7 ±1.9

Table (1) summarize the results of the general examination of all the studied women and shows that the mean gestational age at the time of inclusion in the study was 38.7 ± 1.9 weeks.

Table (2): Indication of the previous C.S.

	Total number =100
Indication of previous Cs:	
• Mal-presentation	43(43%)
•Cervical dystocia	22(22%)
• Fetal disterss	15(15%)
• Placental abnormalities	10(10%)
• Macrosmia	7(7%)
• Fetal anomalies	3(3%)

Table (2) shows Indication of the previous C.S. in the all studied patients. Malpresentation was the most common indication of previous C.S., then cervical dystocia then fetal distress then placental abnormalities, then macrosomia and fetal anomalies .

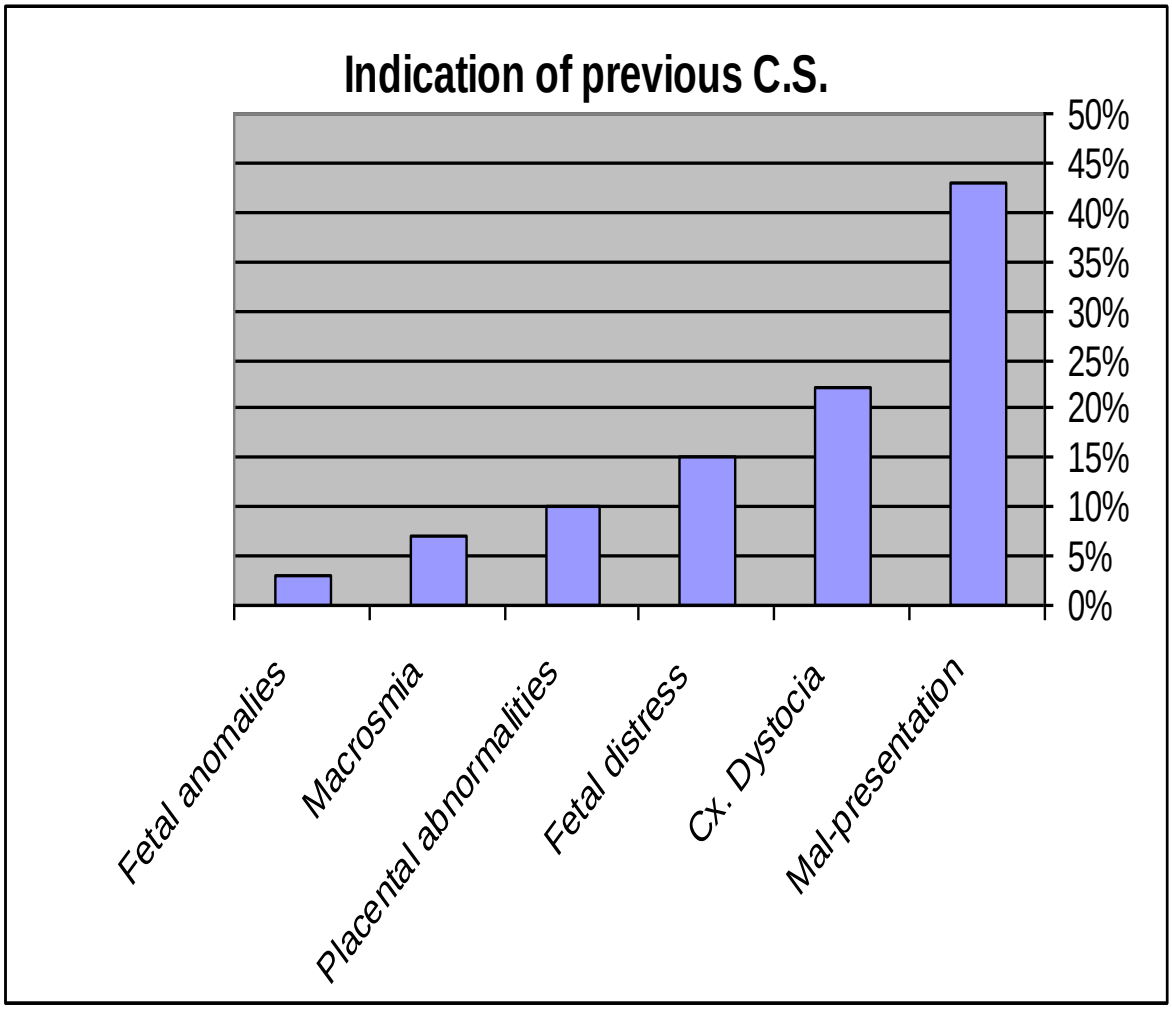

Fig (1): Indication of previous C.S.

Table (3): Results of transvaginal ultrasound before delivery.

	Total N. of women = 100
Frequency distribution of the LUS thickness	
• 2mm	34(34%)
• >2-2.5	39(39%)
• >2.5	27(27%)

Table (3) shows 34 women (34%) had a mean LUs thickness of 2 mm, 39 women had a mean LUs thickness of >2- 2.5 mm and 27 women (27%) had a mean LUS of > 2.5 mm.

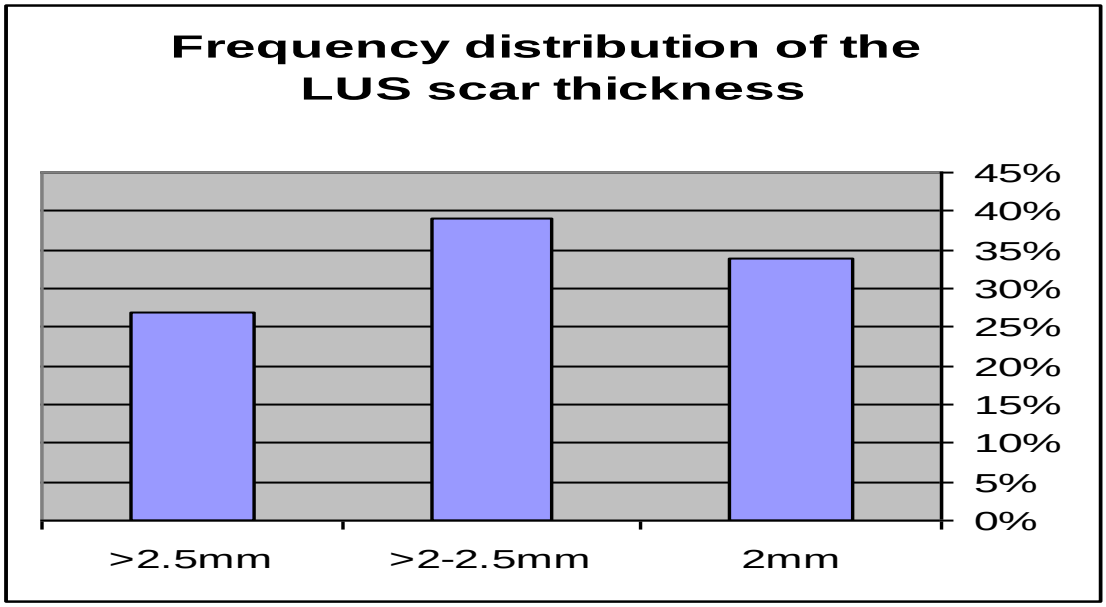

Fig (2): Lower uterine segment scar thickness among all the studied patients

Fig (3): Success rate of trail of labor

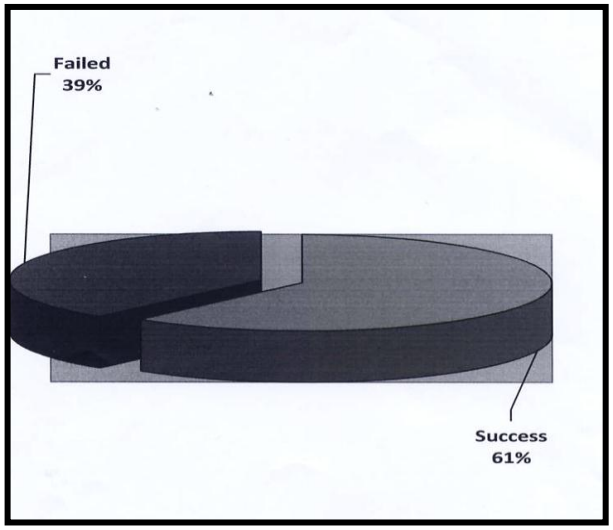

Fig (3) shows that 61 women (61%) could deliver vaginally while 39 women (39%) failed to deliver vaginal and repeat CS was adopted.

Table (4): Management of labor among all patients

Mean duration of labor (hours)	7.9 ±5.6
Mode of delivery n (%): • Spontaneous • Assisted (ventose) • Emergency Cs	 37 (37%) 24(24%) 39(39%)

Table (4) shows that the mean duration of labor was 7.9 ±5.6 hours. 37 women (37%) delivered spontaneously, 24 women delivered through assisted delivery, emergency Cs was in 39 women (39%) .

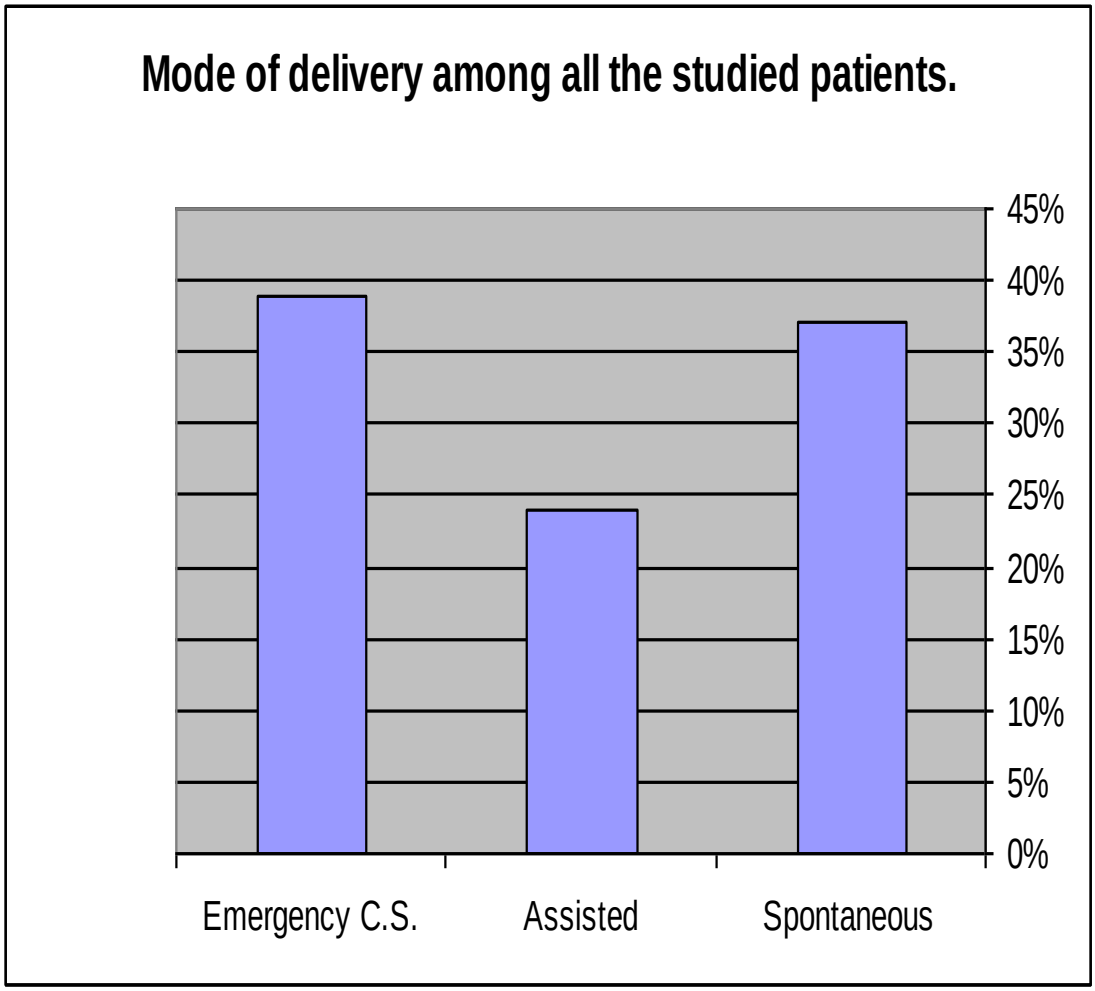

Fig (4): Mode of delivery among all the studied patients.

Table (5): Indication for repeated C.S.

	Total N. of women = 39
Indication for repeated C.S.	
1- Failure to progress (Cx dystocia).	21 (53.85%)
2- Tender scar.	12 (30.77%)
3- Fetal distress	6 (15.4%)

Table (5): show the main indication for repeated C.S. is failure of progress (53.85%) followed by tender scar (30.77%) and fetal distress (15.4%) .

2 cases with tender scar were found to have uterine dehiscence on labarotomy and treated conservatively.

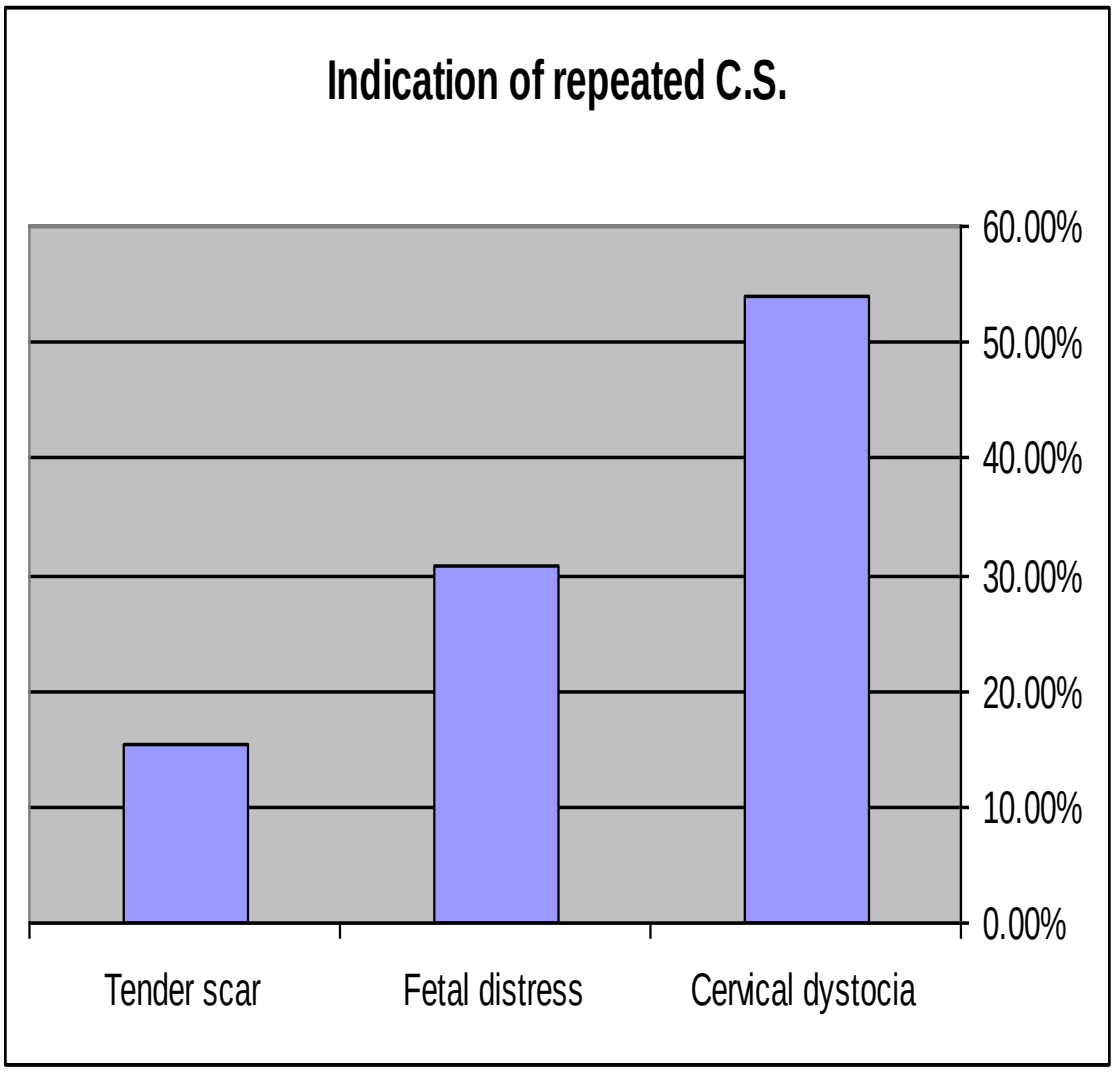

Fig (5): Indication of repeated C.S.

Table (6): Comparison between women with successful trial of labor and failed trial of labor

Parameter	Successful N=61	Failed N=39	P value
Mean Age	26.3 ±2.1	29.8 ±3.1	<0.05
Mean LUS thickness	2.67 ±0.9	2.82 ±0.74	> 0.05
Previous vaginal delivery n (%)	18 (29.5)	5 (12.8)	< 0.001

Table (6) shows that women with successful vaginal delivery were significantly younger. There was no significant difference between the two groups regarding the mean LUS thickness.

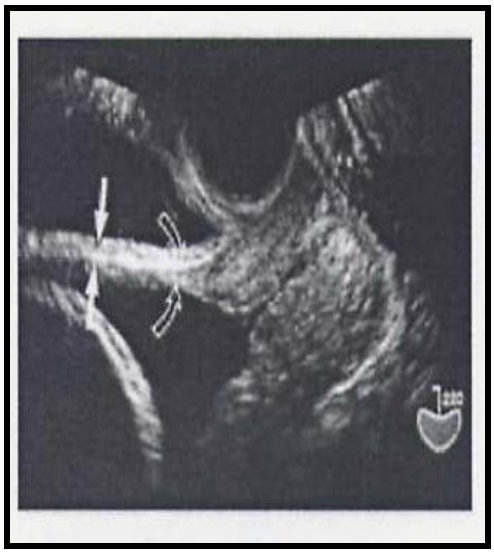

Fig (6) Transvaginal sonography showing the lower uterine segment and bladder full. Open arrow indicates solid arrow indicates bladder wall.

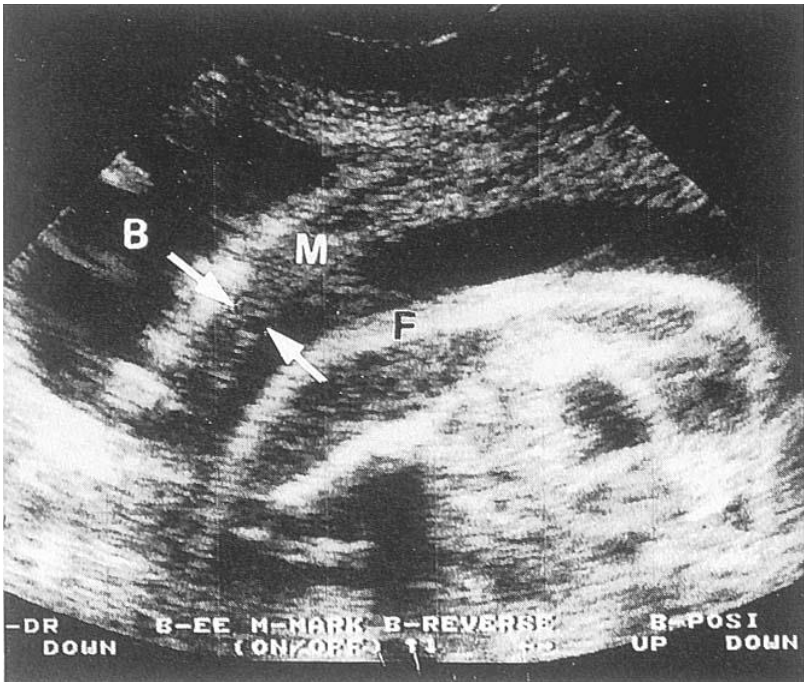

Fig. (7) Sonogram of patient showing normal symmetrical thickness of myometrium between the arrows. B, bladder, M, myometrium; F, Fetus.

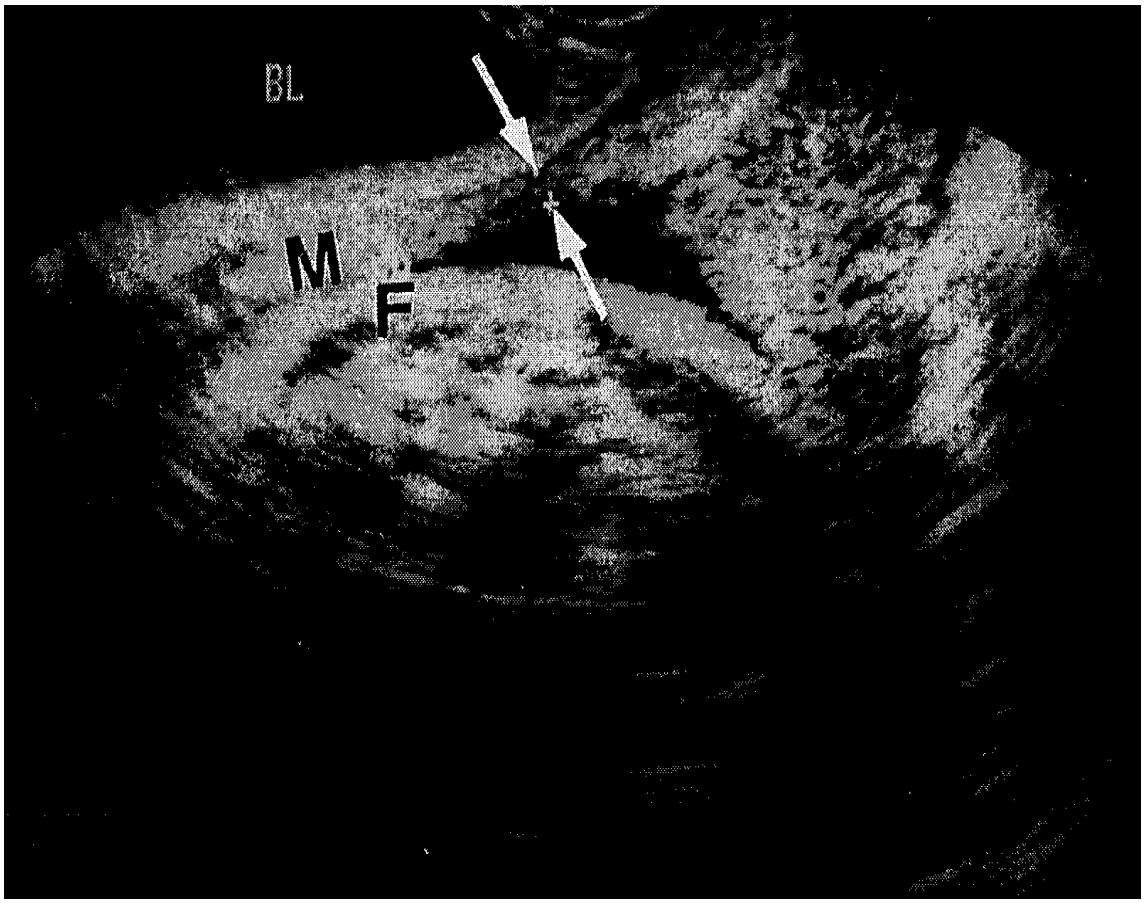

Fig (8) Sonogram of a patient with previous cesarean section with good healing .B, bladder, M, myometrium; F, Fetus.

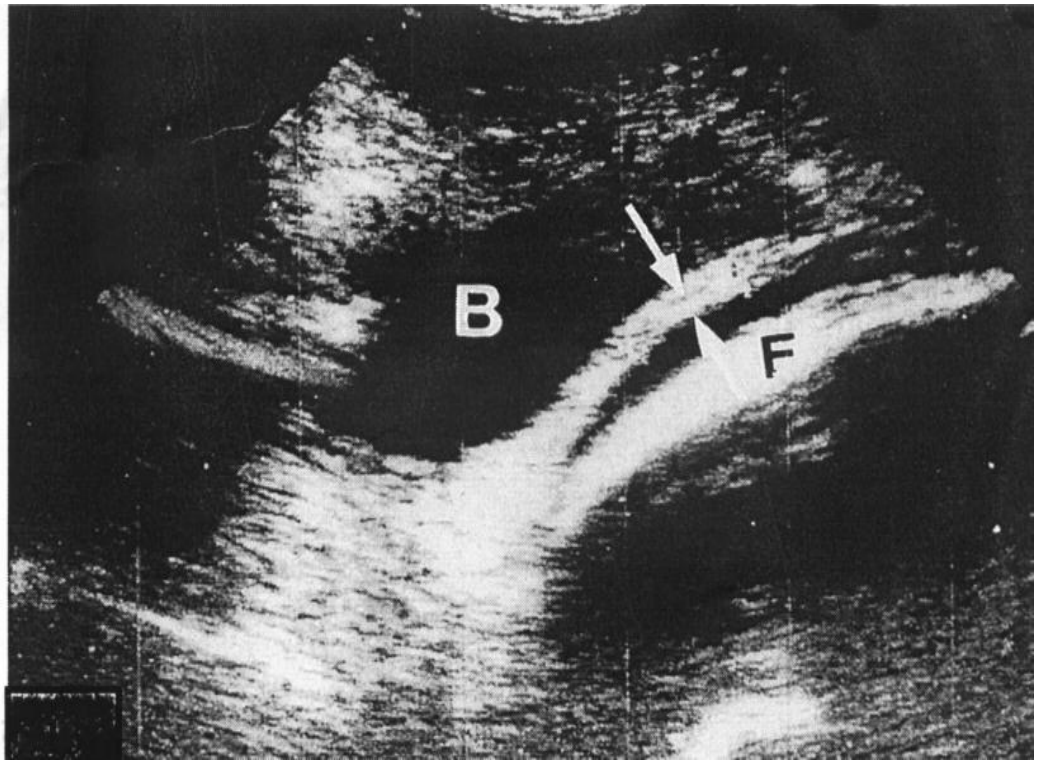

Fig (9) The myometrium shows thickness of less than 2 mm shown between the arrows in sonogram of a patient with poorly healed scar.

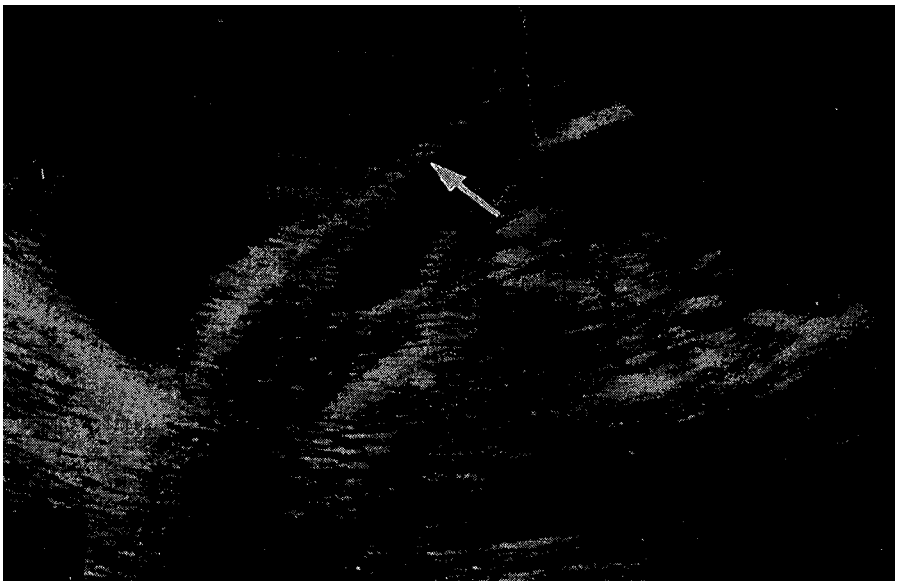

Fig (10) Sonogram of a patient myometrium shows loss of continuity (arrow).

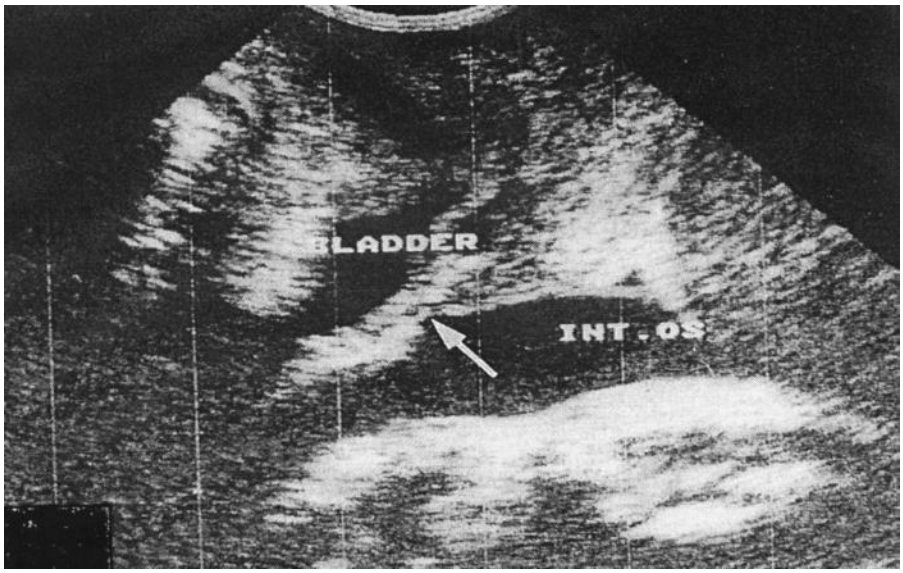

Fig (11) Sonogram of a patient showing defect.