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A Rare Case of Cornual Ectopic Pregnancy - A Case Report

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Abstract: ***Cornual pregnancy is uncommon among ectopic pregnancies. A diagnosis of cornual pregnancy remains challenging, and rupture of a cornual pregnancy causes catastrophic consequence due to massive bleeding. In very rare circumstances, cornual pregnancies can result in a viable fetus. We report a case of a 26-year-old multigravida (G4P3L2D1) with one prior LSCS and two VBACs who presented to us with complaints of bleeding per vaginum, amenorrhea of 12 weeks. Ultrasound at 8 weeks revealed a single intrauterine pregnancy. After an episode of bleeding per vaginum, patient neglected antenatal care as she had assumed it had been a missed carriage. Five weeks later, patient attended our OP clinic in view of pain abdomen and bleeding per vaginum. Emergency laparotomy was done and intraoperatively it was diagnosed as cornual ectopic pregnancy. Left cornual resection with left salpingectomy done. Right fallopian tube and bilateral ovary were healthy. Postoperative period was uneventful.***

Keywords: Cornual ectopic pregnancy

1. Introduction

Cornual pregnancy could mean an implantation of fertilized ovum in a rudimentary horn of a bicornuate uterus. The overall prevalence is 1 in76000 pregnancies. The horn is usually non-communicating type. The condition is usually difficult to diagnose before rupture. If not diagnosed and treated in time, rupture of the horn usually occurs between 12-16 weeks with severe hemoperitoneum and shock. At laparotomy, it may be confused with interstitial pregnancy.

2. Case Details

A 26-year-old female named Akkayamma, wife of Reddappa. She was educated up to 7th class, working as a coolie. She was a resident of Tirupati and came to Gynecology OP on 25th of July 2022 with chief complaints of pain abdomen for 3 days located in suprapubic region, squeezing in nature which was aggravated on working and was relieved with medication.

Patient's last menstrual period was 3 months back and prior to that she had regular menstrual history with complaints of spotting PV for 3 days. Patient's parity index: P3L2D1with one prior caesarean followed by two VBACs. Patient was not tubectomised. Her UPT was positive on 24th June, later she underwent ultrasound examination for confirmation of pregnancy. Her ultrasound findings: A single live intrauterine gestation of 8 weeks with good cardiac activity.

It was followed by painless bleeding per vaginum. Patient had not gone to the hospital and assumed it had been an abortion. Patient was reluctant for admission but with extensive counselling she agreed for admission.

On examination: Pallor + +, Hemodynamically stable
P/A: soft, Tenderness present in suprapubicregion
BME: Ut bulky, mobile, fornices free, B/L forniceal tenderness +
Other systems- normal

3. Investigations

Ultrasound report done at GMH, Tirupati by Radiologist
Uterus – Normal in size, Right ovary – Normal in size, Left Ovary – Normal
Foetal parts in left adnexa
Gestational Sac corresponds to 8-9 weeks

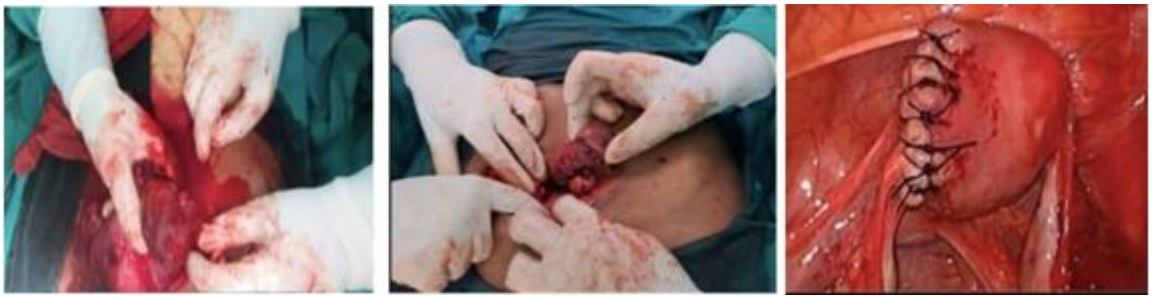
Intra-Operative Findings

Emergency Laparotomy was done.

OT Findings

1) Left ruptured cornual ectopic gestational sac noted and resected(7x5cm)
2) Insertion of round ligament, lateral tocornual pregnancy
3) Ruptured on handling
4) Adhesions noted between gestationalsac and sigmoid and transverse colon
5) 1000 ml hemoperitoneum noted
6) Raw surface over the sigmoid colonnoted and gel foam was kept
7) Left salpingectomy done

Images a, b, c - showing left cornual ectopic pregnancy, ruptured during handling, tubal contents evacuated, tube is excised and uterine incision closed.



(a) (b) (c)

4. Discussion

In cornual pregnancy, the rudimentary horn does not always communicate with the rest of the uterine cavity in which case it must be assumed that spermatozoa ascend through the other horn and tube and fertilize an ovum in the peritoneal cavity. This then enters the tube of the rudimentary horn the sac is surrounded by myometrium and even though it is poorly developed, it can contain the pregnancy for a longer period than tube orovary at the time of operation. An important feature of cornual pregnancy is that tubal in some respects cornual pregnancy resembles the interstitial type ofpregnancy, and they can be confused. A distinguishing feature is the insertion of theround ligament, which is always lateral to the cornual pregnancy.

5. Conclusion

Our patient presented in relatively early gestation, and the diagnosis was done at the time of laparotomy. Despite, mixed opinion from ultrasound scans. We were able to heed to early warning signs based on her clinical symptoms, persuaded the reluctant patient for admission, and conducted surgeryat a timely pace and prevented death.

Cornual pregnancy can cause significant maternal mortality and morbidity, hence early diagnosis aided by ultrasound or laparoscopymay help to contribute toward effective conservative management.

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