



Cornual Pregnancy - A case report

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Date of Submission: 20-08-2023

Date of Acceptance: 31-08-2023

ABSTRACT

Cornual pregnancy is a rare type of ectopic pregnancy in which embryo implants in the junction between the fallopian tube and uterus. Early diagnosis and management can result in reduced maternal morbidity and mortality. The diagnosis is usually made on clinical examination along with the aid of ultrasound examination for confirmation. The mode of management of such usually depends on the duration of pregnancy. Medical as well as surgical methods are available for management of such conditions.

I. INTRODUCTION

Cornual pregnancy is a rare type of ectopic pregnancy in which embryo implants in the junction between the fallopian tube and uterus.¹ It is seen in about 2-4% of ectopic pregnancies.² The rupture of a cornual pregnancy may result in severe hemorrhage and shock, with mortality rates ranging between 2-2.5%. The most important risk factor for cornual pregnancy is the same for any tubal ectopic pregnancy which is impaired tubal function. Early diagnosis and management can result in reduced maternal morbidity and mortality.

II. CASE REPORT

A 27 year old Gravida 2 Parity 1 presented at 8 weeks 2 days with one and a half months of amenorrhoea and lower abdominal pain for 3 days. She was hemodynamically stable with a BP=114/76 mmHG and a pulse rate of 94 beats per minute. Her urine pregnancy test was positive. On palpation her abdomen was soft and non tender. On per vaginam the uterus was bulky with a tender mass on the right side of the fundus and mild cervical motion tenderness. A transabdominal ultrasound revealed a Right cornual pregnancy with CRL corresponding to 5 weeks 2 days. Patient was then taken for an laparotomy which revealed a cornual pregnancy of 3x4cm with impending rupture. A cornual resection was done and the sample sent for histopathology. The patient stood the procedure well with no complications and was discharged on the third postoperative day.



Preoperative



Postoperative

III. DISCUSSION

Cornual pregnancy is a rare form of ectopic pregnancy, however if the pregnancy ruptures it has catastrophic results. The morbidity and mortality are directly related to the duration of pregnancy. The common symptoms of cornual pregnancy are amenorrhoea, abdominal pain and vaginal bleeding. There can be signs of acute abdomen in cases of rupture with the resulting hemoperitoneum.



The diagnosis is usually made on clinical examination along with the aid of ultrasound examination for confirmation.

Ultrasound criteria for making the diagnosis includes:

1. Absence of gestational sac in uterine cavity.
2. Gestational sac seen independently and less than 1 cm from the lateral edge of the uterine cavity with a thin layer of myometrium around gestational sac
3. Interstitial line sign (echogenic line extending to the gestational sac).³

In terms of management of cornual pregnancy, a medical or a surgical approach can be adopted. In cases where early diagnosis has been made, with the patient hemodynamically stable and follow up facilities available, patient can be offered medical management. The criteria for medical management includes Major hemodynamically stable women with no pain, with an unruptured ectopic pregnancy, the mass smaller than 35mm with no visible heartbeat, and a serum bhCG between 1500 and 5000 mIU/ml.⁴

Surgical treatment consists of conservative's techniques, such as laparoscopic or laparotomic cornual resection or cornuostomy or hysteroscopic removal of interstitial ectopic tissue, and radical operations such as salpingectomy or hysterectomy.⁵

IV. CONCLUSION

Cornual pregnancy, although a rare condition, can have major catastrophic consequences resulting even in mortality. Early diagnosis and management is the key for reducing morbidity and mortality.

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International Journal of Reproduction, Contraception, Obstetrics and Gynecology. 2021 Oct 1;10(10):3986-9.

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