Intraoperative Diagnosis and Laparoscopic Removal of a Cornual Ectopic Pregnancy: A Case Study

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Background

Cornual ectopic pregnancy is rare, accounting for 0.02% of all pregnancies.[1] It is one of the most dangerous types of ectopic pregnancies, due to implantation occurring in a highly vascularised region with high maternal mortality rates.[2]

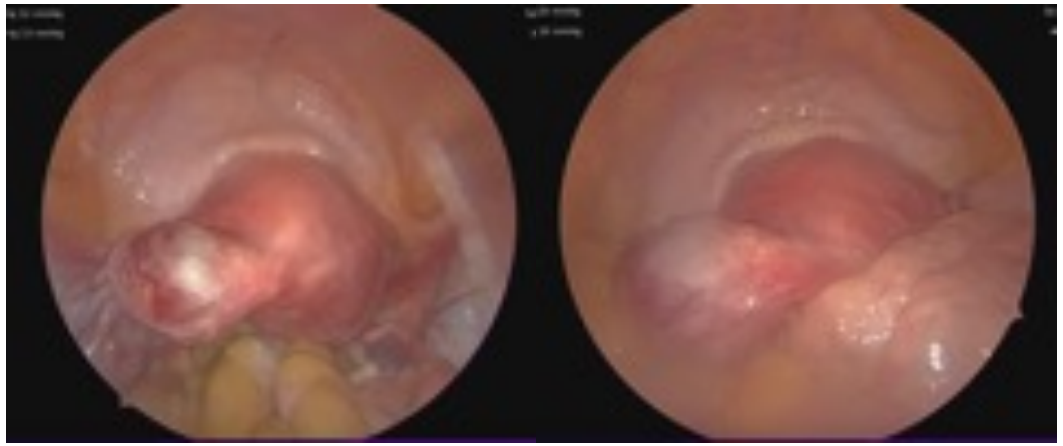

Figure 1- Intraoperative images of a cornual ectopic pregnancy

Case

A 24 year old G2P0T1 presented with 6 weeks of amenorrhoea with no pain or bleeding. No history of STI or IVF. She was referred to ED after her dating ultrasound revealed an ectopic pregnancy. A repeat ultrasound reported a live left sided adnexal ectopic pregnancy with a CRL of 7.5mm, FHR 129 and no intrauterine pregnancy. Her serum BHCG was 16,235. Methotrexate and laparoscopic removal were discussed, and patient opted for surgical management. A left unruptured cornual ectopic pregnancy was revealed at laparoscopy. Diluted vasopressin was injected into the cornua prior to resection which minimised the bleeding. The patient was stable and discharged the next day. HCG was negative 3 weeks post-procedure. Histology confirmed cornual ectopic.

Discussion

Cornual ectopic pregnancy remain a diagnostic challenge both clinically and ultrasonographically. Timely diagnosis is crucial given mortality is 7 times higher than other ectopic pregnancies.[2] Diagnostic criteria for ultrasonographic detection of cornual ectopic pregnancies include an empty uterus; a separate gestational sac <1cm from the most lateral edge of the uterine cavity; and a thin myometrial layer surrounding the sac. Treatment options include medical management with methotrexate or surgical management with laparoscopy (cornuostomy/ wedge resection), and less commonly a laparotomy.[3]

References

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