

INTRODUCTION

- Congenital uterine anomalies result from abnormal formation, fusion or resorption of mullerian ducts during fetal life. The prevalence is 5.5% in general population of which unicornuate uterus has a prevalence of 10%. (1)
- An interstitial pregnancy is the one that implants within the tubal segment that lies within the muscular uterine wall and is associated with surgical mortality as high as 2.5% (2)

OBJECTIVES

To study the management to reduce surgical morbidity and mortality with prompt intervention in a case of ruptured interstitial ectopic pregnancy.



CASE OPERATION PROCEDURE

- A 30 year old third gravida with previous two vaginal deliveries came to ER of a tertiary care hospital in Kolkata with 8 weeks amenorrhoea, severe abdominal pain and spotting per vaginum in an hemodynamically unstable condition. Clinical examination was done.
- Urgent USG showed well defined anechoic structure likely gestational sac in right adnexa with ill defined decidual reaction and free fluid in pouch of douglas.
- Diagnosis of ruptured ectopic pregnancy was made and patient was taken up for exploratory laparotomy. Intraoperative findings revealed unicornuate uterus with right sided ruptured interstitial ectopic pregnancy (previously known as cornual ectopic pregnancy). Left sided fallopian tube or uterine horn was not visualized. Right sided cornual resection and repair was done. Blood products were transfused.

DISCUSSION

Interstitial pregnancy occurring in the uterine horn is a scarcely documented phenomenon and poses a formidable threat to maternal health due to the potential for late detection, carrying an associated risk of massive hemorrhage following rupture. Immediate surgical intervention along with hemodynamic resuscitation is the preferred treatment

CONCLUSION

This case report underscores the importance of early diagnosis and treatment to reduce the surgical morbidity and mortality. It delves into the complications of uncommon ectopic pregnancy which was further complicated by the presence of unicornuate uterus. In patients desiring fertility preservation, it poses a major surgical challenge.

REFERENCES

1. Deligeoroglou E, Karountzos V Amenorrhoea Volume 10, Frontiers in Gynaecology
2. Williams Obstetrics, chapter 12, ectopic pregnancy.