

INTRODUCTION

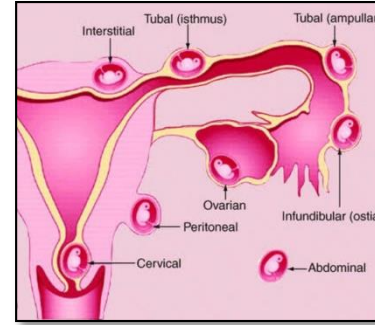
The incidence of cornual ectopic pregnancy is 2-4 % and is most difficult to diagnose and can be fatal due to severe hemorrhage. The classic triad of ectopic pregnancy – abdominal pain, amenorrhea and vaginal bleeding occur in about 40% patients. The site of implantation is intrauterine portion of fallopian tube and invasion through uterine wall makes it difficult to differentiate from intrauterine pregnancy. In this case report, we describe a patient with ectopic pregnancy which was cornual intraoperatively.

OBJECTIVES:

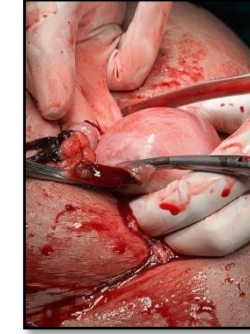
To understand pathophysiology, clinical significance, clinical findings, diagnostic challenges in management of cornual ectopic pregnancy.

CASE REPORT:

- A 28-year-old primi gravida presented with a episode of acute abdominal pain, following 10 weeks 4 days amenorrhea
- On general examination patient was conscious, oriented, afebrile with mild pallor, her vitals are unstable BP – 80/60 mm hg, PR – 120 bpm
- P/A 0 soft, tenderness in right iliac fossa and hypogastrium
- p/v – mass of around 8 weeks felt in right fornix with mild cervical motion tenderness
- On USG – empty uterine cavity and right sided live ectopic pregnancy with CRL corresponding to 10 + 2 weeks of gestation
- Patient was taken up for emergency laparotomy. Intraoperative finding right cornual pregnancy with impending rupture
- Right cornual resection with right salpingectomy performed
- post operatively patient was stable and discharged on day -4



Common Sites of ectopic pregnancy



Intraoperative ruptured cornual ectopic with gestational sac



Usg image showing gestational sac near uterine cavity

DISCUSSION

- Managing cornual pregnancy depends on whether ectopic pregnancy has ruptured and stability of patient
- Traditionally treatment of cornual pregnancy is surgical and includes hysterectomy and cornual resection by laparotomy but increasingly conservative approaches used as cornuostomy and laparoscopy better for preservation of uterine integrity for further fertility those with milder symptoms can be managed medically by methotrexate if beta hcg is < 5000

CONCLUSION

- Cornual ectopic pregnancy is a rare but serious condition requiring high clinical suspicion and prompt intervention to prevent severe maternal morbidity and mortality
- With advanced imaging techniques and multidisciplinary approach and beta hcg levels it has to be diagnosed quickly and managed accordingly

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