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## Case Report

# Cornual pregnancy with a history of recurrent ectopic pregnancy

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## ABSTRACT

The health of both the mother and the fetus is at risk when symptomatic maternal arrhythmias occur during pregnancy. Sustained symptomatic arrhythmias should be managed, much like in the non-pregnant population. The specific arrhythmia that has been identified or is suspected must be treated. Electrical cardioversion is used to treat supraventricular arrhythmias when medication therapy and physical therapy, such as sinus carotid massage or valsalva movements, fail or in life-threatening conditions where the patient is hemodynamically unstable. A 27-year-old primipara came to Bengkalis hospital at 37 weeks of gestation due to complaints of palpitations. palpitations felt for 4 hours before admission to the hospital. The patient had experienced the same complaint and was examined by a cardiologist who said that the patient had a tendency to arrhythmia and was given bisoprolol. An ECG examination was carried out in the emergency room, the impression was supraventricular tachycardia with HR 185 bpm, an abdominal termination of pregnancy was carried out, and the cardiologist performed cardioversion in the operating room 3 times, and the mother's HR returned to sinus rhythm. The outcome was a baby girl born with a birth weight of 3200 grams, an Apgar score of 8/9. Mother was treated and went home on the 3rd postoperative day in good condition. Provided that a multidisciplinary approach, continuous fetal heart rate monitoring and the possibility to perform a caesarean section are applied, it can be concluded that cardioversion is a safe and effective treatment for maternal tachycardia in pregnancy.

**Keywords:** Cornual pregnancy, Abdominal pain, Caesarean section

## INTRODUCTION

An uncommon ectopic pregnancy known as cornual pregnancy, which affects 2-4% of tubal pregnancies (1 in 2500-5000 births), implants in the uterus's primitive horn. Being the most dangerous kind of ectopic pregnancy, diagnosing and treating it can be difficult.<sup>1</sup>

After 12 weeks, uterine rupture occurs in up to 20% of cases, which increases mortality rates and causes significant bleeding because of the high vascularity. Extremely rare are viable fetuses.

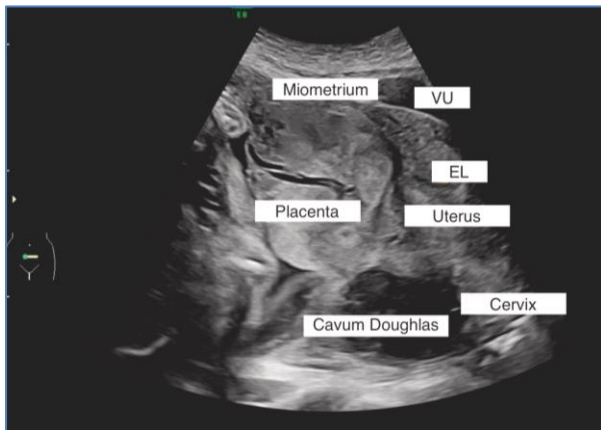
In one rare instance, the uterus was successfully preserved during a caesarean operation due to the discovery of a late-stage cornual pregnancy.<sup>2</sup>

## CASE REPORT

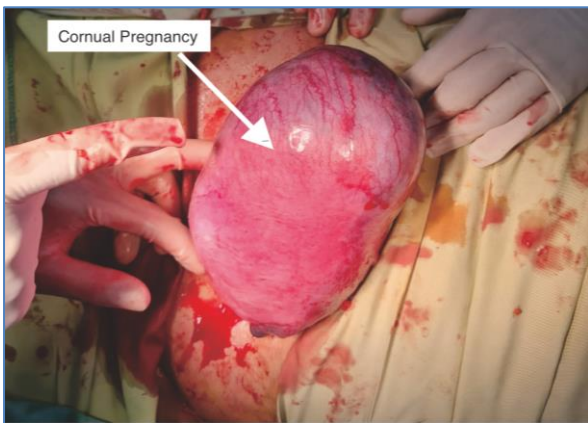
A 41-year-old nulliparous woman came to Arifin Achmad Regional Hospital at 26 weeks of gestation with complaints of intermittent lower abdominal pain. Previously, the patient had been examined by an obstetrician, who was said to be suspicious of an ectopic pregnancy. This is the patient's third pregnancy, and all previous pregnancies were ectopic.

Then an ultrasound examination was carried out by a fetomaternal consultant; it was said to be a conventional pregnancy, and termination of the pregnancy was planned. Then the patient is given informed consent and agrees to undergo surgery. When the operation was carried out, a hematoma appeared in the uterine horn. After the placenta

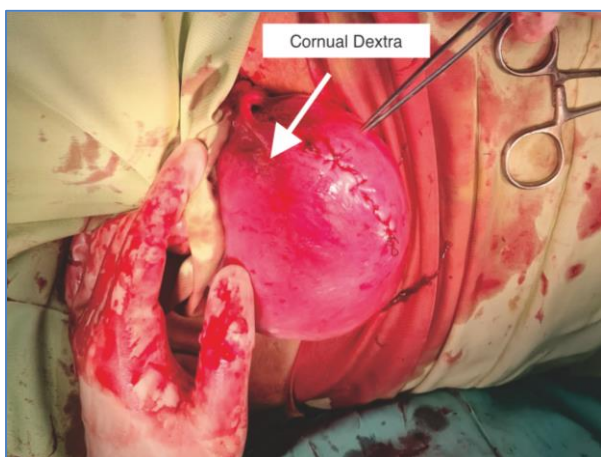
was separated, bleeding appeared in the horn, and hemostasis was carried out.



**Figure 1: Ultrasound finding.**



**Figure 2: Durante operation finding.**



**Figure 3: Uterus after surgery.**

Exploration showed that both tubes had been salpingectomized, and the ovaries were within normal limits. The baby was born with a birth weight of 800 grammes, was treated in the NICU, but died 3 hours later.

The patient underwent treatment and went home three days later in good condition.

## DISCUSSION

Fertilization outside the uterus can occur in a cornual pregnancy when the rudimentary horn fails to mate with the uterine cavity.<sup>3</sup> The pregnancy can remain inside the sac, which is encircled by myometrium, longer than it can in other ectopic places.<sup>4</sup> Their properties are similar to those of interstitial tubal pregnancy, with the exception of the round ligament's insertion location. Risk factors for ectopic pregnancies are similar to those for pelvic PID or previous operations.<sup>5</sup> Diagnosis can be difficult and frequently overlooked on conventional abdominal ultrasounds; it is typically made by transvaginal ultrasonography. Ultrasound imaging and 4D volume contrast imaging are two early detection techniques. After 12 weeks, there is an increased chance of rupture and potentially serious haemorrhage.<sup>4,5</sup> After treatment, routine monitoring of beta-human chorionic gonadotropin levels is essential. There are very few reports of full-term cornual pregnancies, which occasionally lead to live newborns without uterine rupture.<sup>6</sup>

## CONCLUSION

Cornual pregnancies, occurring in the rudimentary horn separate from the uterus, pose diagnostic challenges and higher rupture risks compared to other ectopic pregnancies. Early detection through specialized imaging is crucial. Treatment evolution now includes conservative approaches like methotrexate, reducing the necessity for surgery. However, continued vigilance and monitoring remain essential due to the potential for severe complications, emphasizing the complexity and significance of managing these cases.

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