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Case Report

Cornual pregnancy in a non communicating horn of a bicornuate uterus: a case report

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ABSTRACT

An ectopic pregnancy is one in which the fertilised ovum is implanted and develop outside normal endometrial cavity. The most common localisation is tubal. We present the case of a patient found to have a cornual pregnancy diagnosed at 27 weeks of gestation.

Keywords: Bicornuate uterus, Non communicating horn, Ectopic pregnancy

INTRODUCTION

Cornual pregnancy is one of the most hazardous site for ectopic pregnancy. The diagnosis and management are challenging. They usually present late in gestation at 7-12 weeks because of myometrial distensibility. It frequently presents as a medical emergency as significant maternal haemorrhage and shock can result from cornual rupture due to abundant blood supply in this region from both uterine & ovarian vessels.

CASE REPORT

A 24 year nulliparous female with positive pregnancy test presented as bleeding per vaginum and pain abdomen. On examination, uterus was 24 weeks size with tenderness, fetal heart sound was not localised, cervix was short, soft and os was closed. Initial Ultrasonography at 16 weeks of gestational age showed a single live intrauterine fetus. Another scan was advised and it showed an intrauterine dead fetus of average gestational age 18 weeks. Misoprostol tablets were given 6 hourly for 24 hours but it showed no response. Termination was planned by intrauterine instillation of ethacridine lactate but it could not be done. Mechanical dilatation was done by Foleys catheter and following its expulsion oxytocin infusion was started but again it was of no value. Repeat scan was

advised and it showed a cornual pregnancy in noncommunicating horn of uterus and Laparotomy was planned. On Laparotomy a female macerated abortus was delivered by giving incision over the lower segment of right cornua which was later confirmed to be noncommunicating and was resected. Right salpingectomy was done. Patient was discharged on 7th postoperative day with advise for follow up after 6 weeks.



Figure 1: Dead fetus delivered by giving incision in the non communicating horn.



Figure 2: Bicornuate uterus after delivery of the fetus and placenta.

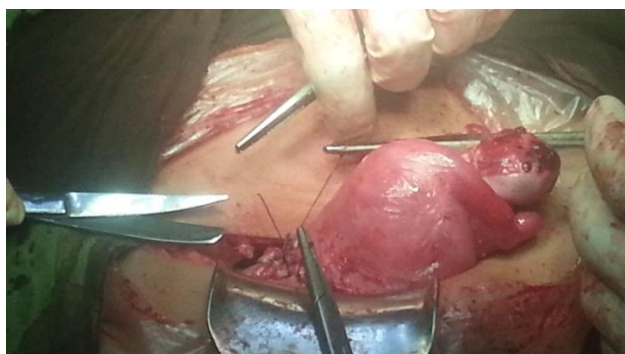


Figure 3: The non communicating horn was resected.

DISCUSSION

By definition, Cornual pregnancy refers to a pregnancy in the interstitial segment of a unicornuate or bicornuate uterus.¹ This impregnation is presumed to occur by a spermatozoa which pass through normal half of uterus and tubes. It then fertilizes the ovum either in the peritoneal cavity or in the tube connected to the rudimentary horn. The concerned ovum is usually shed from the same side ovary as that of rudimentary horn. This can be diagnosed by transvaginal sonography. The traditional management of cornual pregnancy is by removal of the rudimentary horn and when the pedicle is short and the attachment is wide, hysterectomy may have

to be done.² There are successful reports of laparoscopic resection of cornual pregnancy.³⁻⁵ There are reports of success in treatment with single dose methotrexate, however there are also reports of failure.^{6,7}

CONCLUSION

The diagnosis of cornual pregnancy can be at times very difficult which requires a high index of suspicion, careful ultrasonographic examination and at times laparoscopic evaluation. This can be managed by medical management, laparoscopic approach and Laparotomy depending on the patient's condition.

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