

Cornual molar ectopic pregnancy

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ABSTRACT

The aim of this study is to present a rarely seen cornual molar ectopic pregnancy case regarding with literature. 36 years old patient with the third pregnancy was referred to our clinic with the prediagnosis of viable ectopic pregnancy. The patient had two vaginal delivery history and she had vaginal bleeding as spotting onwards fifteen days. Ultrasonographic assessment demonstrated ectopic pregnancy with positive fetal cardiac activity and 8mm crown-rump length (6W5D) at right cornual region. The patient was performed cornotomy with laparotomy. Postoperative pathological evaluation was reported as a partial molar pregnancy. β -human chorionic gonadotropin (β -hCG) values declined dramatically and so additional treatment was not applied. Molar ectopic pregnancy findings are usually seen as conventional pregnancies and β -hCG values and histopathological evaluation is important for correct diagnosis and follow up.

Keywords: Ectopic pregnancy, Molar pregnancy, Cornual pregnancy

INTRODUCTION

Gestational trophoblastic disease (GTD) originates from placenta and is composed of histologically different tumors.¹ GTD incidence is 0.2-5.8 per 1000 pregnancy.² If the fertilized ovum to be implanted in the uterus is implanted outside the uterus, this is called ectopic pregnancy. Ectopic pregnancy incidence is reported 0.64%.³ Ectopic pregnancy and molar pregnancy is rarely seen together. In this article, we aimed to discuss cornual molar ectopic pregnancy with the current literature.

CASE REPORT

A 36-year-old patient with the third pregnancy was referred to our clinic with the prediagnosis of viable ectopic pregnancy. There was no feature except two vaginal deliveries in her history. There was right adnexal tenderness and vaginal bleeding in her pelvic

examination. Ultrasonographic assessment demonstrated positive fetal cardiac activity at right cornual region with 8mm crown-rump length (CRL) (6W5D) and no gestational sac in the uterine cavity. Surgical operation was planned because of fetal cardiac positivity. The patient was operated with the diagnosis of cornual pregnancy. Approximately 3*4cm cornual ectopic pregnancy in the right cornual region was observed with laparotomy (Figure 1). Ectopic pregnancy in the right cornual region was excised with transverse incision. Cornual region was reconstructed with 2/0 polyglactin.

Histopathologic examination of the specimen from the ectopic pregnancy was reported as partial hydatidiform mole (Figure 2). Because of partial hydatidiform mole histopathological diagnosis, the patient was included to β -hCG following up for one year. Due to spontaneous regression of β -hCG, the patient was excluded from follow up at the end of one year.



Figure 1: Intraoperative view of ectopic pregnancy at right cornual region (intense superficial vessels are shown at right cornual region).

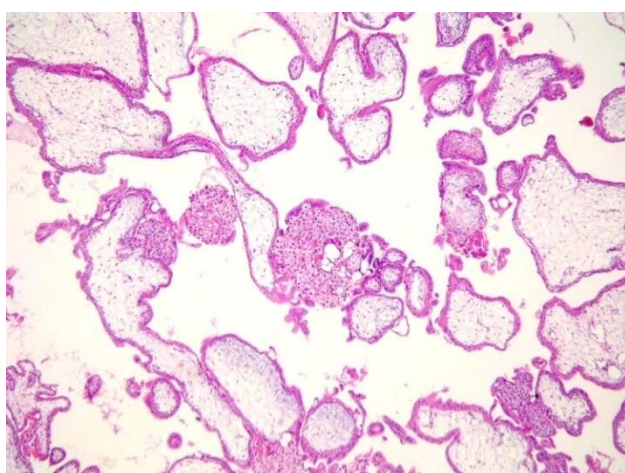


Figure 2: Microscopic image of the ectopic molar pregnancy (degenerate hydropic chorionic villi with apparent polar trophoblast cell proliferation) (HE, X10).

DISCUSSION

The formation of molar ectopic pregnancy is a very rare condition that mimics normal tubal ectopic pregnancy, so it makes it difficult to diagnosis.⁴ Provisional diagnosis is thought during surgery, the definitive diagnosis is placed after the histopathological examination. In the literature, the molar ectopic pregnancies are reported to be localized at tubal, ovarian, cervical and cornual places.^{5,6} For molar ectopic pregnancy, transvaginal ultrasonography and color doppler ultrasonography is used for diagnosis, magnetic resonance imaging is used to specify the localization of the lesion.⁷

Cornual pregnancy is a rare condition and it is very difficult to diagnose in the first place. Cornual ectopic pregnancies are 2-4% of all ectopic pregnancies.⁸ Ruptured cornual ectopic pregnancy is not usually seen

until 12th week, but it may causes a very serious bleeding when ruptured. Cornual ectopic pregnancy can be traced to molar changes occasionally.^{9,10} In this article, in our case, the preoperative diagnosis of cornual pregnancy had been placed with ultrasonographic evaluation. However, the presence of molar changes was detected after histopathological examination.

β -hCG value follow-up is also very important in patients with suspected ectopic pregnancy. This is important not only just for persistent ectopic pregnancy tracking, but also for malignant trophoblastic disease formation. Malignant transformation may occur in ectopic pregnancies and the incidence is approximately at 1.5 births 1000000. Amenorrhea, painless vaginal bleeding and irregular rise in β -hCG value are seen in these patients just like normal ectopic pregnancy.^{11,12}

The diagnosis of these type of molar pregnancies can be delineated with magnetic resonance imaging successfully. However, in some cases, hysteroscopy, laparoscopy may be required. The definitive diagnosis can be made as often as in the postoperative period histopathologically.¹³ Treatment can be made with laparoscopy in 50% of cases, rest requires laparotomy.¹⁴ In addition to surgery, chemotherapy (methotrexate and folinic acid) may be required.

As conclusion, molar ectopic pregnancies resemble conventional ectopic pregnancies and it must be in mind that ectopic pregnancies can represent molar degeneration, even molar ectopic pregnancies can exhibit malign transformation. β -hCG value follow up should be done strictly to reduce maternal morbidity and mortality.

REFERENCES

- Hoffman B. Gestational trophoblastic disease. In: Schorge J, Schaffer J, Halvorson L. editors. Williams Gynecology, Ch.37.Ed.23. Texas: McGraw-Hill Companies; 2010. pp. 756-8.
- Altieri A, Franceschi S, Ferlay J, Smith J, La Vecchia C. Epidemiology and etiology of gestational trophoblastic diseases. *Lancet Oncol* 2003; 4(11): 670-8.
- Hoover KW, Tao G, Kent CK. Trends in the diagnosis and treatment of ectopic pregnancy in the United States. *Obstet Gynecol* 2010;115(3):495-502.
- Chauhan S, Diamond MP, Johns DA. A case of molar ectopic pregnancy. *Fertil Steril* 2004;81(4): 1140-1.
- Church E, Hanna L, New F, Uku A, Awad H, Watson AJ. Ovarian molar pregnancy. *J Obstet Gynaecol* 2008;28(6):660-1.
- Wee HY, Tay EH, Soong Y, Loh SF. Cervical hydatidiform molar pregnancy. *Aust N Z J Obstet Gynaecol* 2003;43(6):473-4.
- Aytan H, Caliskan AC, Demirturk F, Koseoglu RD, Acu B. Cervical partial hydatidiform molar pregnancy. *Gynecol Obstet Invest* 2008;66(2):142-4.

8. Damario MK, Rock JA, Ectopic pregnancy. In: Rock JA, Jones HW, editors. Te Linde's operative gynecology, 9th edn. Philadelphia, PA: Lippincott Williams & Wilkins; 2003. pp. 507-36.
9. Chauhan MB, Chaudhary P, Dahiya P, Sangwan K, Sen J. Molar cornual ectopic pregnancy. Acta Obstet Gynecol Scand 2006;85(5):625-7.
10. Zite NB, Lipscomb GH, Merrill K. Molar cornual ectopic pregnancy. Obstet Gynecol 2002;99(5Pt 2):891-2.
11. Balat O, Kular I, Ozkur A, Bakir K, Aksoy F, Ugur M. Primary pure ovarian choriocarcinoma mimicking ectopic pregnancy: a report of fulminant progression. Tumori 2004;90(1):136-8.
12. Qian JH, Ye DF, Xie X. Clinical analysis of 13 cases of gestational trophoblastic tumor misdiagnosed as ectopic pregnancy. Zhonghua Fu Chan Ke Za Zhi 2005;40(2):91-4.
13. Rotas M, Khulpateea N, Binder N. Gestational choriocarcinoma arising from a cornual ectopic pregnancy: a case report and review of the literature. Arch Gynecol Obstet 2007;276(6):645-7.
14. Hassadia A, Kew FM, Tidy JA, Wells M, Hancock BW. Ectopic gestational trophoblastic disease: a case series review. J Reprod Med 2012;57(7-8):297-300.

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