A ruptured cornual pregnancy: a case report

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INTRODUCTION

Cornual or interstitial pregnancies are rare, represent 2% of ectopic pregnancies.\(^1\) It develops in the interstitial portion of the fallopian tube invading through the uterine wall.\(^2\) The fact that the myometrium is quite distensible, thus its rupture is often later than other tubal pregnancies namely between 7-12 weeks of gestation with a mortality rate up to 2%.\(^3\) Here authors report a case of ruptured cornal pregnancy and profound haemorrhage occurred.

CASE REPORT

A 25 years old woman prima gravida, was presented to the obstetrical emergency department with 8 weeks amenorrhea, lower abdominal pain and vaginal bleeding from 2 days ago.

On general examination, the patient was conscious, but she was uncomfortable and irritable. Her blood pressure was 100/60 mmHg, pulse 114 beats/min, and she was afebrile.

In the abdominal examination there was tenderness without distention. Pelvic examination revealed a minima-bleeding coming from a closed cervix and positive cervical excitation tenderness. The pouch of Douglas was very painful.

Transabdominal 2-dimensional ultrasound revealed an empty uterus with a thickened endometrium and huge collection in pouch of Douglas, also in Morison’s pouch. The pregnancy blood test was positive.

Figure 1: Intraoperative view of left cornual rupture.
On ultrasonography imaging authors find an empty uterine cavity with identification of a gestational sac which is separate from the uterine cavity, the myometrial thinning of less than 5 mm around the gestational sac. The Doppler study show increase vasculature around the gestational sac “ring of fire”.5,6

The management of cornual pregnancy depend to different conditions; hemodynamic status, gestational age, presence of rupture, fertility desire fHCG level. In unruptured cornual pregnancy, injection of methotrexate in the blood or directly in the cornual gestation sac can be proposed or a laparoscopic cornual resection. In ruptured cases cornualotomy, cornual resection with salpingectomy and more radically a sub total hysterectomy.5,8 Uterine artery ligation may help to conserve the uterus in ruptured cornual ectopic.9 In this case, the cornua was founded largely ruptured with massive hemorrhage in the abdominal cavity, a cornual resection with salpingectomy was done.

CONCLUSION

Cornual pregnancy is a very rare and constitutes an obstetrical emergency. It poses a significant diagnostic and a therapeutic challenge. Early diagnosis and appropriate management are the most important issues to avoid rupture of a cornual pregnancy with massive bleeding.

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REFERENCES


