

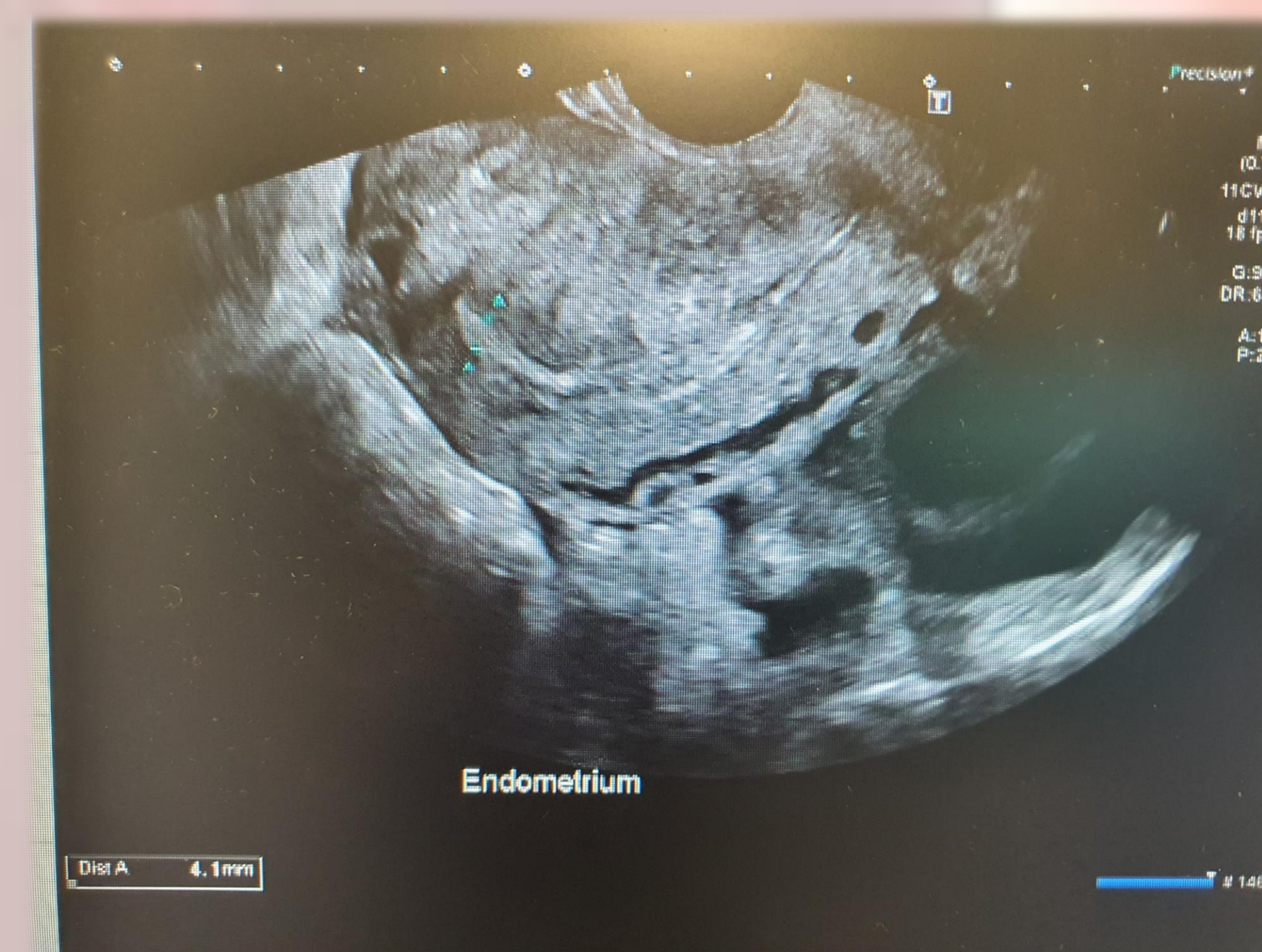
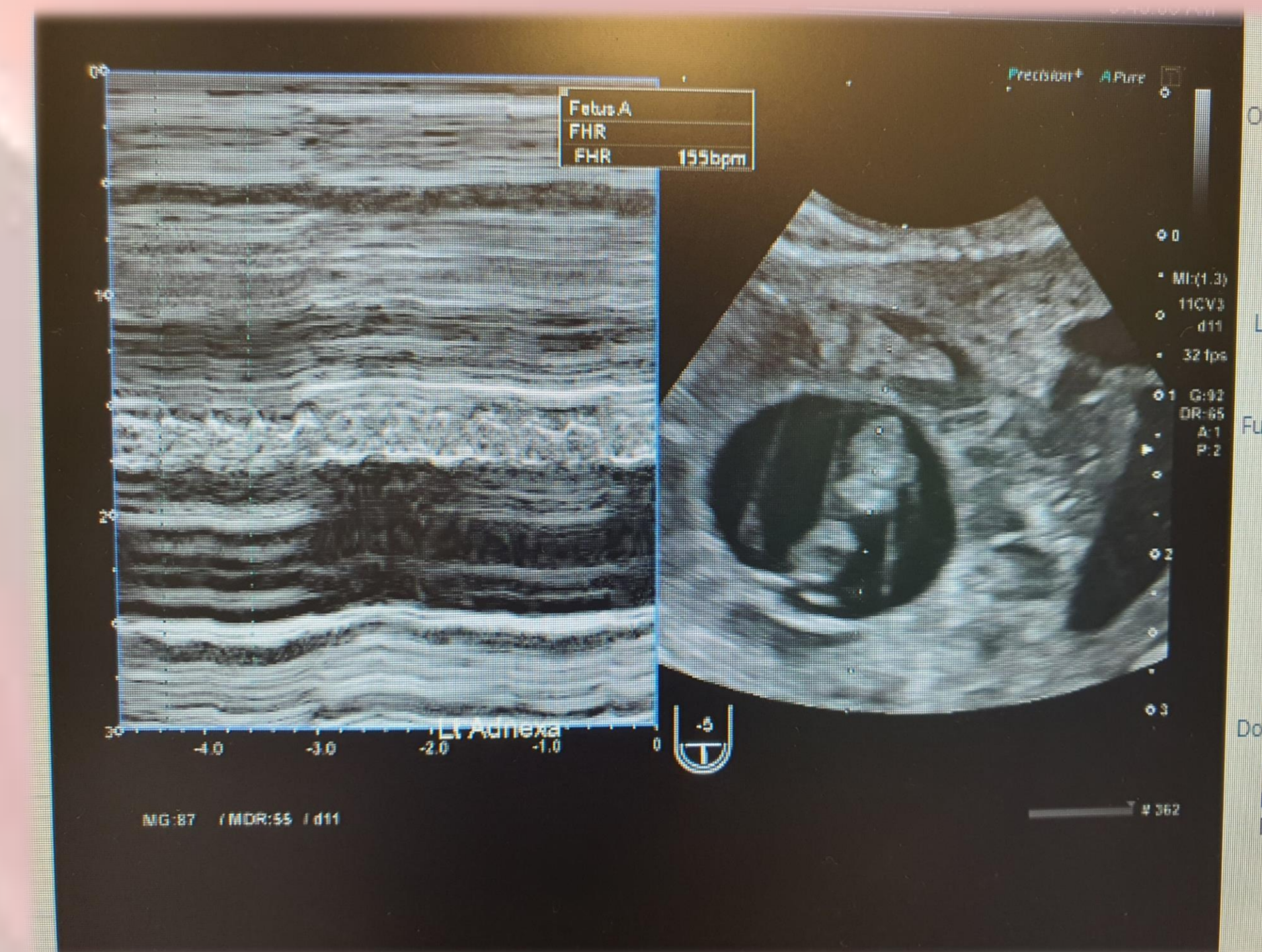
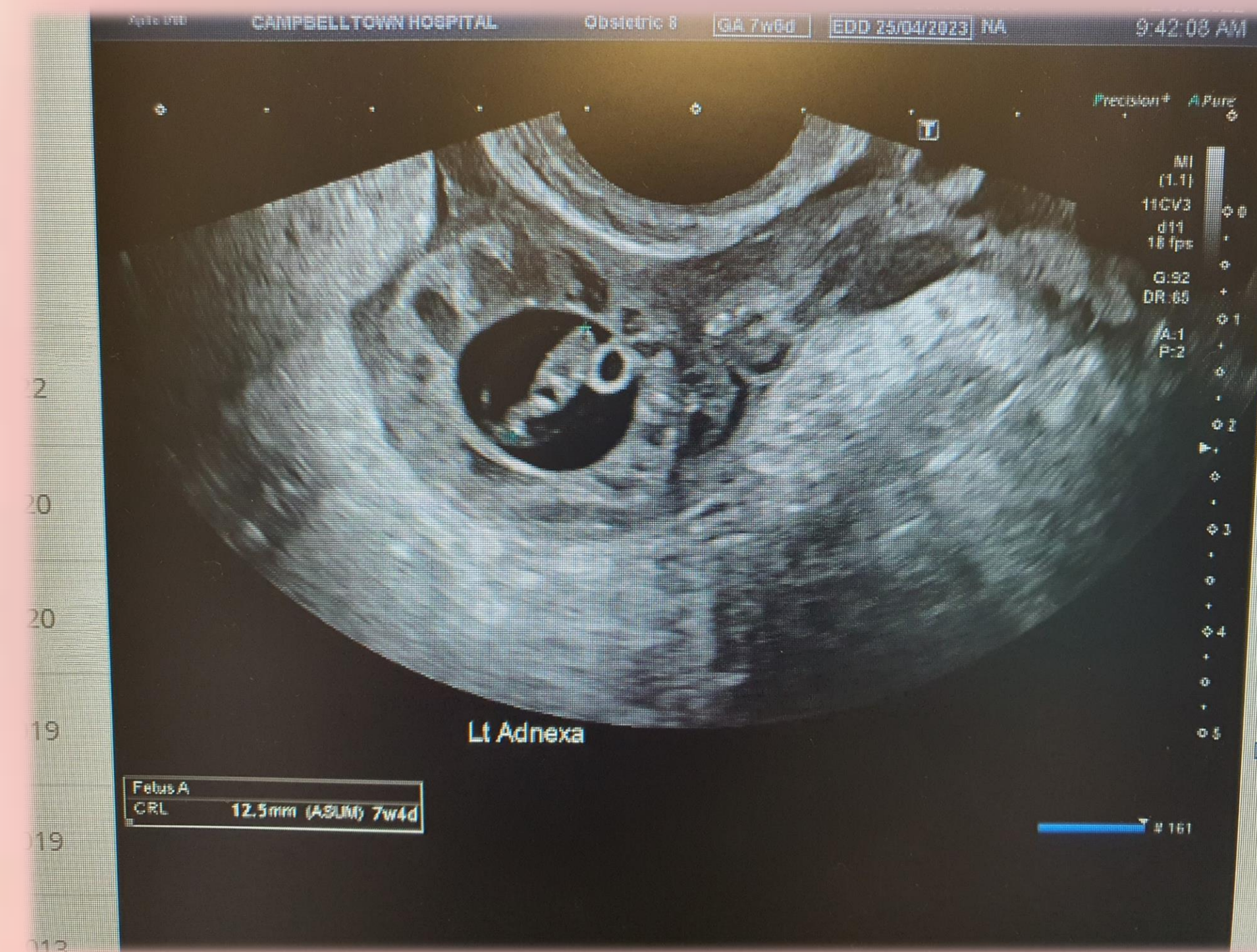
Rare Case of Cornual Ectopic Pregnancy

Objective:

To raise the awareness about cornual ectopic given the rarity but a potentially life threatening nature of the condition.

Case Report:

A-36- years old woman with triple X syndrome, G7P2(1x miscarriages, 1x pregnancy of unknown location, 1x termination for triple x syndrome) presented to emergency department with severe abdominal pain. She has poor obstetric history of three previous miscarriages and one ectopic managed with Mthotrexate. On examination, there was tenderness of both iliac fossa with guarding and rebound tenderness. Cervical motion tenderness was positive. She was hemodynamically stable. Blood tests shows BhCG 30006, Hb 126. Although the first ultrasound on presentation was suggestive of interstitial ectopic.



A progress ultrasound revealed left cornual ectopic (an empty uterus, gestational sac of 7 weeks with positive fetal heart beat implanted cornually within thin rim of myometrium 33mm, no continuation with endometrium). She underwent laparoscopic wedge resection. Intra operative techniques used to control the bleeding by injecting diluted vasopressin around the cornua and embolization of ascending uterine artery. The surgery was uneventful & there was no postoperative complications.

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