

CASE OF CORNUAL UTERINE RUPTURE IN SUBSEQUENT PREGNANCY FOLLOWING LAPAROSCOPIC REMOVAL OF CORNUAL ECTOPIC PREGNANCY

A CASE REPORT FROM LATIFA HOSPITAL, DUBAI, UAE

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OBJECTIVE:

- Uterine rupture during pregnancy is a critical obstetric complication.
- We present a case of uterine rupture in mid-trimester following cornual pregnancy managed laparoscopically, it underlines the importance of multi-layered uterine wall repair following resection of cornual ectopic pregnancy to avoid potentially catastrophic sequelae.

CASE REPORT:

- 37 year female, diagnosed as ectopic pregnancy at 5 weeks managed laparoscopically. Intra-operative findings were of right cornual pregnancy which was excised along with the right tube and site of cornual pregnancy was sutured interruptedly with 2-0 vicryl.
- She conceived 8 months later, had antenatal care till 27 weeks when she presented with severe abdominal pain, tachycardia and tenderness over the right fundal area, fetal assessment showed bradycardia at 60 bpm.
- Provisionally diagnosed as uterine rupture and taken for emergency C-section.
- Intra-operative findings were hemoperitoneum with uterine rupture 4-5cm in the right cornual area with placental tissue protruding through it.

- Fetus weighing 1300grams delivered.
- Consultant attended, Uterine rupture site sutured in 3 layers by interrupted sutures with 2-0 vicryl. Uterus closed in 3 layers. Patient received 1 unit of packed red blood cells. Estimated blood loss was 2 liter.
- Post-operatively patient was counseled about the diagnosis, management and inter-pregnancy interval.

DISCUSSION:

- One of the concerns of future pregnancy after surgical management of cornual pregnancy is rupture of the interstitial portion of the tube (1) thought to be due to a defect in the uterine wall (2). Literature reports cases of uterine rupture following cornual resection due to ectopic pregnancy (3).
- The usual presentation in uterine rupture is restlessness and constant pain in the lower part of the uterus, there maybe tachycardia and CTG abnormalities. Diagnosis of uterine rupture warrants resuscitation and exploratory laparotomy (4).

CONCLUSION:

- This case study underscores the importance of proper repair of the defect in the uterine wall at the time of resection/removal of cornual ectopic pregnancy.

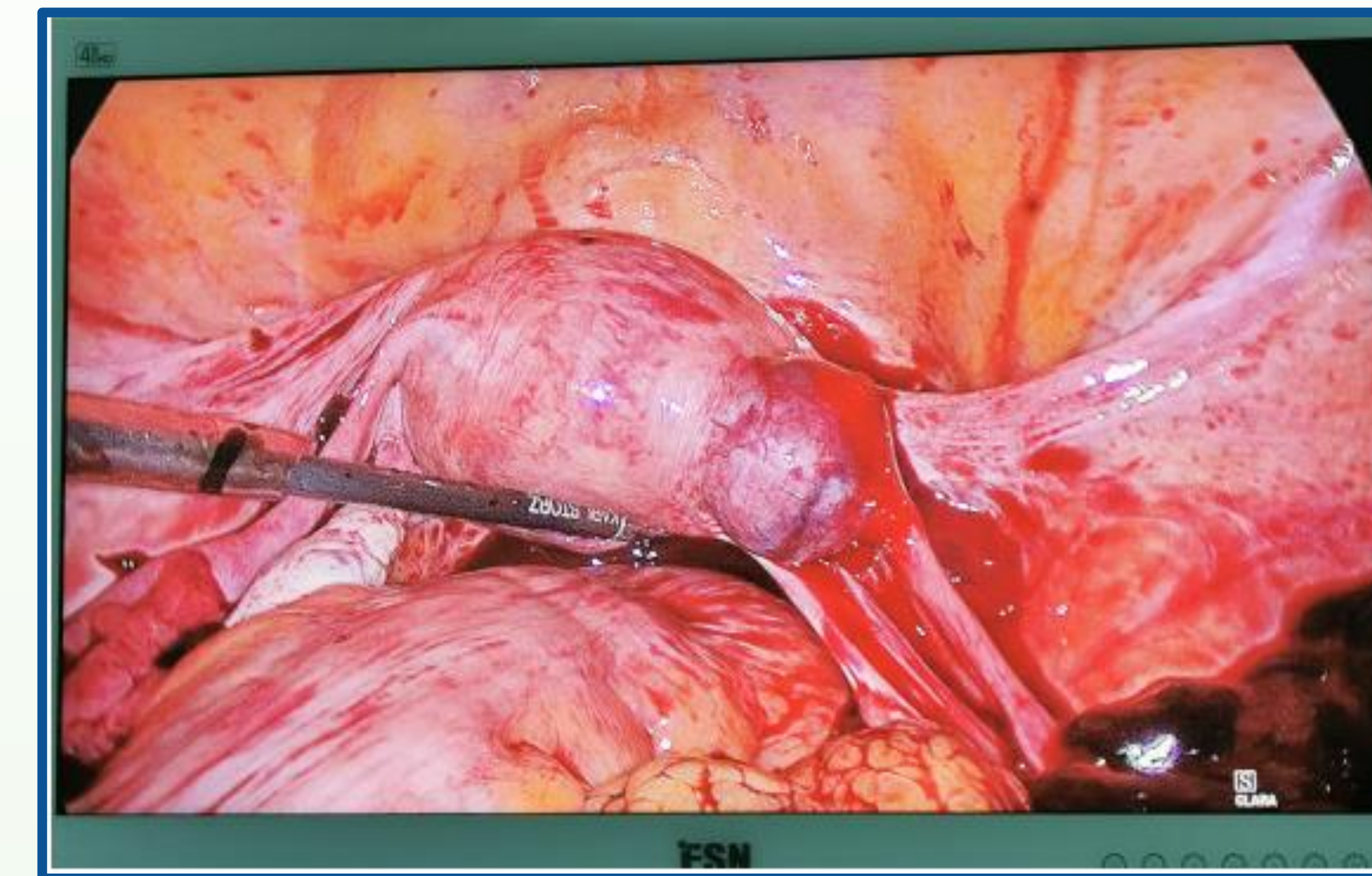


Figure 1: Right cornual pregnancy

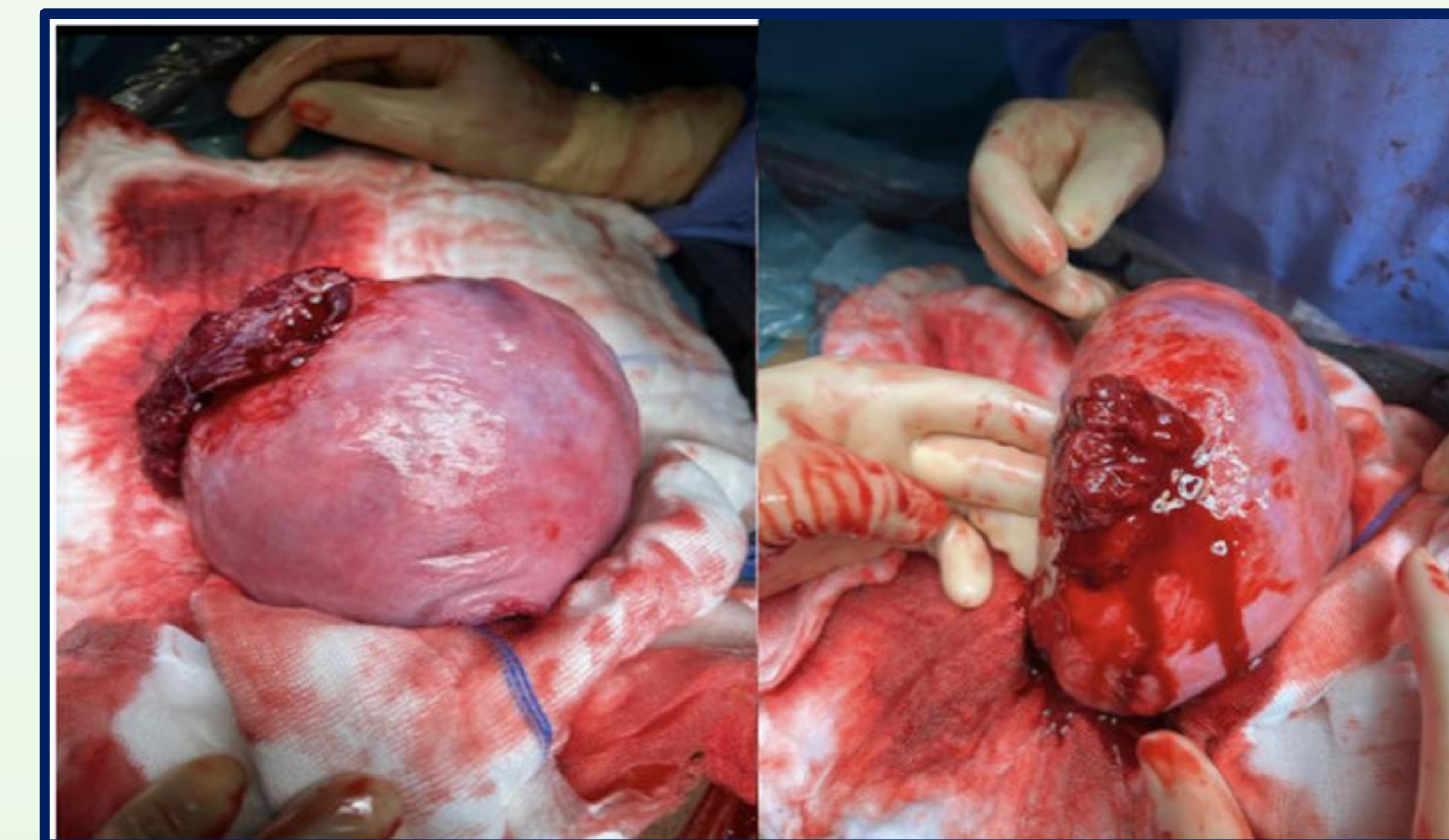


Figure 2: Uterine rupture at the right cornua with placental tissue

References:

- (1) The Obstetrician & Gynaecologist 10.1576/toag.9.4.249.27355 www.rcog.org.uk/togonline 2007;9:249–255 Review Management of cornual (interstitial) pregnancy Authors Radwan Faraj / Martin Steel.
- (2) Lau S, Tulandi T. Conservative medical and surgical management of interstitial ectopic pregnancy. Fertil Steril. 1999 Aug;72(2):207-15. doi: 10.1016/s0015-0282(99)00242-3. PMID: 10438980.
- (3) Košec V, Čukelj M, Djaković I, Butorac D. UTERINE RUPTURE IN THIRD TRIMESTER OF PREGNANCY FOLLOWING CORNUAL RESECTION DUE TO ECTOPIC PREGNANCY. Acta Clin Croat. 2021 Mar;60(1):153-155. doi: 10.20471/acc.2021.60.01.23. PMID: 34588737; PMCID: PMC8305347.
- (4) Uterine rupture: a revisit Madhavi Manoharan MRCOG, Rekha Wuntakal MRCOG, Katrina Erskine MD MRCP MRCOG First published: 24 January 2011 https://doi.org/10.1576/toag.12.4.223.27613