

Case report: Cornual heterotopic pregnancy after spontaneous conception.-Rare case presentation

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OBJECTIVE:

To report a very rare case of cornual heterotopic pregnancy after spontaneous conception.

CASE REPORT:

Spontaneous cornual heterotopic pregnancy is a very rare condition; its incidence remains unknown. A cornual heterotopic pregnancy was diagnosed at 8 weeks of amenorrhoea in a 26-year-old healthy woman. She first presented with bleeding and had surgical management of miscarriage for intrauterine pregnancy. However minimal products removed and Beta HCG was rising. She represented with severe lower abdominal pain on multiple visits.

A transvaginal ultrasound scan showed small blood clot within endometrial cavity. There were no features of cornual ectopic or signs of rupture ectopic on ultrasound. As patient was symptomatic so she was managed laparoscopically. Intra-operatively she had un-ruptured left cornual ectopic pregnancy. Both tubes and ovaries were normal. Excision of corneal ectopic performed as patient was symptomatic. Thunderbeat device used to incise left cornua 1.5-2cm incision in lateral direction made on posterior fundus at most protuberant point. Defect closed with continuous Stratafix 1/0. The patient was discharged on the 2nd postoperative day. Histopathology report confirms cornual ectopic pregnancy.

DISCUSSION:

Spontaneous cornual heterotopic pregnancy is very rare, although its prevalence has probably increased due to the emergence of assisted reproductive technologies. Diagnosis of this condition is difficult due to the existence of the intrauterine retained products. The most frequent danger lies in the non-recognition of the condition and subsequent uterine rupture at a more advanced gestation.

Spontaneous Cornual heterotopic pregnancy is a extremely rare and potential fatal condition. Clinicians should maintain a high index of suspicion in all patients presenting with amenorrhea, abdominal pain, adnexal mass, peritoneal irritation, and enlarged uterus.

A simultaneous IUP causes difficulties in the interpretation of ultrasound images. The early diagnosis of corneal Heterotopic is difficult; β -hCG alone is not helpful to diagnosis heterotopic. The traditional method of treating an un-ruptured cornual pregnancy is laparoscopic excision, whereas if the patient is haemodynamically unstable with ruptured cornual ectopic laparotomy is preferred.

CONCLUSION:

Cornual pregnancy remains a potentially dangerous condition. Diagnosis of cornual pregnancy could be made on ultrasound examination in this patient. Senior Sonographer input should be considered in complex cases especially when decision is not made with 2 or more visits. Laparoscopy appears to be safe and effective, allowing a reliable and early diagnosis, and should be recommended in the absence of cornual rupture signs