

Unruptured Interstitial Twin Ectopic Pregnancy At 6+4 Weeks Managed Surgically: A Case Report Study

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Introduction

Interstitial ectopic pregnancies are rare accounts for 2.0 to 6.8% of ectopic pregnancies,¹ harder to detect early, and have mortality rate up to 2.5%. They can grow large before symptoms appear due to the interstitial segment's distensibility.² An interstitial pregnancy occurs when the products of conception implant with in the interstitial or intramural portion of fallopian tube.³ The term cornual pregnancy, frequently used interchangeably with interstitial pregnancy, should be reserved for pregnancies that develop in a rudimentary horn.

Case Presentation

Case: A healthy woman
Age: 20 years
GPA: G2 P0+1
Gestation: 6+6 weeks
Symptom: Lower abdominal discomfort,
No Vaginal bleeding
History: Right salpingectomy one year ago,
Haemodynamically stable

Investigations

Abdominal exam showed generalized lower tenderness without peritonism.

Pelvic exam was unremarkable.

Transvaginal ultrasound revealed an interstitial twin ectopic pregnancy in the right cornual segment.

Haemoglobin level within normal limits.

Renal function tests within normal limits.

Liver function tests within normal limits.

Management

A planned laparotomy was performed via a lower transverse abdominal incision.

Intraoperatively, a 4×3 cm bulge was found at the right uterine cornua with evidence of previous salpingectomy.

A partial wedge resection and cornual repair were completed successfully, with an intraperitoneal drain left in situ.

Postoperative recovery was smooth, and the patient was discharged on the third day. Follow-up included stitch removal and histopathological examination confirmation.



Discussion

Interstitial ectopic pregnancy occurs in the proximal 1–2 cm of the fallopian tube within the uterine muscle wall.⁴ It must be differentiated from cornual pregnancy, which occurs in a bicornuate uterus and is not classified as ectopic.³ Risk factors include prior ectopic pregnancy or tubal surgery, PID, ovulation induction, IUD use, smoking, and advanced maternal age.⁵ Due to myometrial distensibility, symptoms may present later (9–12 weeks), increasing the risk of rupture and mortality.⁶ Interstitial ectopic pregnancies have 6–7 times higher mortality than other ectopic pregnancies due to later rupture and greater vascularity.² Ultrasound sensitivity is only 26%, but findings such as an eccentrically located sac with thin myometrium and the interstitial line sign aid diagnosis.⁷ Ackerman's interstitial line sign improves ultrasound sensitivity to 80% and specificity to 98%.¹ Doppler (“ring of fire”), 3D ultrasound, and MRI help differentiate from other uterine or pregnancy anomalies.³ Medical management with methotrexate is possible under strict criteria, but was unsuitable in this case due to pain and viable twin pregnancy.⁸ Surgical options include cornuostomy or cornual resection; laparotomy with cornual resection was performed in our case. Future pregnancies require close monitoring.⁹

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