

Atypical Presentation of Cornual Ectopic Pregnancy- A Case Report

Sajid Bin Ashraf Sami, Kamrun Nahar
Dhaka, Bangladesh

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Introduction

Cornual pregnancy is a rare type of ectopic pregnancy with an incidence report of only 2-4% of all ectopic pregnancies(1). It poses a significant risk to the mother due to possibility of life threatening haemorrhage following rupture. Hence fast diagnosis and prompt interventions are necessary however, sometimes it may present atypically. Here we present a case of Cornual ectopic pregnancy, which had an atypical presentation of a missed miscarriage

Methods

A 33-year-old,para 1(NVD) +1(ab) woman presented with the history of amenorrhea for 12 weeks, pelvic pain and vaginal bleeding for 02 episodes. On examination, she had tachycardia at 132 b/min, BP 100/60 mmHg and the abdomen was tender.On speculum examination, there were no signs of discharge or bleeding with a closed cervix. Her β -hCG was positive, and USG revealed a bulky uterus with retained product of conception(64x55mm) with deformed fetal parts (30x12mm) high up in the cavity, suggestive of missed miscarriage.

With high suspicion considering her history and clinical finding , the decision was taken to evacuate the uterus under laparoscopic guidance due to risk of perforation. Upon entering the telescope, a 4x5 cm (approximately) unruptured left cornual pregnancy was found. Per operatively, counselling with patient's attendant was done, and a cornuostomy with left-sided salpingectomy was done

The postoperative period was uneventful, and patient had a follow-up 10 days later with good recovery

Conclusion

Despite being very uncommon, cornual pregnancy is a complicated case that has a higher risk of maternal morbidity and mortality. Here, laparoscopy played a vital function as a diagnostic procedure in addition to ultrasound's crucial role. The complexities in diagnosing and managing this case can help professionals by adding to the expanding amount of knowledge about the disease.

References

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2. B.M. Carius, E.J. Houston, S.P. Griffith. A case report of massive intraperitoneal hemorrhage from rare cornual pregnancy.Clin. Pract. Cases Emerg. Med., 6 (1) (Feb 2022)

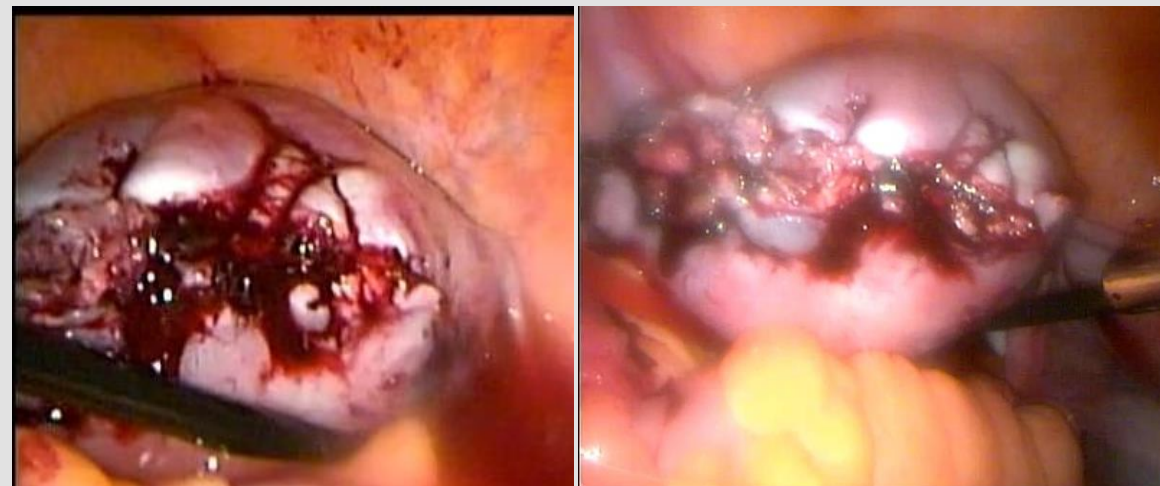


Fig: Repaired ruptured cornual Ectopic pregnancy(Left Cornu)

Discussion

Cornual ectopic is one of the challenging situations both for the surgeon and the patient.

Unlike certain factors for medical management of tubal Ectopic Pregnancy, there is no threshold value for serum β -hCG levels in this case for medical management. The risk factors for cornual pregnancy include previous elective termination of pregnancy, spontaneous miscarriage, sexually transmitted infections, and smoking [2]. These factors contribute to altered tubal and uterine function, increasing the likelihood of abnormal implantation

Sonographically, cornual pregnancies have specific features. The gestational sac is typically eccentrically located, surrounded by a myometrial rim, and clearly separated by >1 cm from an empty uterine cavity. These signs were not evident in our case, which created a diagnostic dilemma

Management of this emergency requires a customised approach that takes into account various factors such as pregnancy (gestational age), patient hemodynamic status, future fertility plans, and the surgical expertise

Contact Information: sajidbinashrafsami@gmail.com