

LAPAROSCOPIC CORNUOSTOMY: A VIABLE OPTION FOR ADVANCED INTERSTITIAL ECTOPIC PREGNANCY

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INTRODUCTION

Interstitial ectopic pregnancy poses a diagnostic and surgical challenge due to its rarity and high risk of rupture. This case highlights a minimally invasive approach—**laparoscopic cornuostomy**—as a safe, uterus-preserving solution for managing advanced presentations.

PATIENT PRESENTATION

- 32 year old Gravida 2, Para 0.
- **10 weeks** gestation presented with mild pain and vaginal bleeding.
- Serum hCG was **52,221 IU/L** and no prior risk factors for ectopic pregnancy
- Transvaginal ultrasound showed a **gestational sac with a yolk sac, fetal pole, and heart pulsations**. The crown-rump length (CRL) of 25 mm corresponded to approximately 9 weeks and 2 days of gestation, located at the **left cornual edge of the uterus, consistent with an interstitial pregnancy**. No free fluid was observed.
- Surgical intervention was chosen due to the advanced gestation, large ectopic pregnancy, and elevated hCG levels.
- Laparoscopy confirmed the left interstitial ectopic pregnancy. **Vasopressin (20 IU in 100 mL saline) was injected around the ectopic mass, with 60 mL used intraoperatively.**
- Monopolar diathermy was applied to the overlying serosa, followed by hydrodissection to separate the sac from the myometrium. The defect was closed in two layers.
- The postoperative course was uneventful, and the patient was discharged the following day.

DISCUSSION

- An interstitial pregnancy (IP) is a rare form of ectopic pregnancy in which the blastocyst implants in the interstitial portion of the fallopian tube [1].
- IPs account for **2–6.8%** of all ectopic pregnancies [2-4].
- Recent case series have demonstrated improved outcomes, with an **estimated mortality rate of 2–2.5%**, which is **seven times** higher than the average for all ectopic pregnancies [4].
- There is **limited evidence on interstitial pregnancies**, and **no consensus on the best surgical technique**. However, cornual wedge resection raises the risk of uterine rupture due to myometrial loss and scarring, whereas cornuostomy reduces this risk by preserving more uterine tissue [6].
- A larger ectopic pregnancy does not appear to warrant cornual resection over cornuostomy. In their studies, MacRae et al. and Watanabe et al. opted for cornuostomies for larger interstitial gestational sacs [5,6].
- Intra-myometrial vasopressin can be used to control bleeding, enabling both large and small IP cases to be managed laparoscopically [1].

CONCLUSION

This case reinforces laparoscopic cornuostomy as a viable, conservative surgical option for advanced interstitial ectopic pregnancies, with good outcomes and preserved uterine integrity.

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