

Missed Misdiagnosis: A Ruptured Cornual Ectopic Masked as Missed Miscarriage

AUTHOURS: WATTHUHEWA DAMAYANTHA¹, HIRSI-FARAH SUAD¹, SINGARATHNAM KANDASAMY¹

¹ GEORGE ELIOT HOSPITAL NHS TRUST, O&G, NUNEATON, UNITED KINGDOM . EP.0269

BACKGROUND

Cornual (interstitial) ectopic pregnancies account for 2–4% of all ectopics but are disproportionately life-threatening due to their high risk of rupture and massive haemorrhage. Sonographic misinterpretation as a missed miscarriage is a common and dangerous diagnostic pitfall.

CASE SUMMARY

Clinical Presentation:

- Patient: 32-year-old, gravida 2 para 1, at 7 weeks' gestation.
- Lower abdominal pain, vaginal bleeding.
- Initial Ultrasound: Empty gestational sac (14 mm), no fetal pole → diagnosed as missed miscarriage.
- Planned Management: Opted for surgical management (SMM) under ultrasound guidance.

Intraoperative Findings:

- Failure to retrieve products of conception.
- Resistance during curettage → concern for uterine perforation.

Emergency Laparoscopy:

- Ruptured cornual ectopic pregnancy.
- 300 mL haemoperitoneum.
- Cornual wedge resection performed.

Retrospective Ultrasound Review:

- Eccentrically placed gestational sac.
- Thin myometrial mantle (<5 mm).
- Positive "interstitial line sign".

DICUSSION

- Cornual ectopics often mimic intrauterine pregnancies, especially early on.
- Common diagnostic errors include:
 - Assuming an empty sac is intrauterine.
 - Overlooking location relative to the endometrial stripe.
- Surgical complications (e.g., perforation) may occur if diagnosis is missed preoperatively.

LEARNING POINTS

- Cornual ectopic pregnancies may masquerade as missed miscarriage
- Key sonographic features include:
 - Lateralised sac
 - Thin myometrial mantle
- Interstitial line sign
- Always reassess unusual or ambiguous ultrasound findings before proceeding with SMM.
- Multidisciplinary readiness is vital to managing surgical emergencies in early pregnancy.

CONCLUSION

This case emphasises the diagnostic nuance required to differentiate cornual ectopics from early IUPs or missed miscarriages. Meticulous ultrasound review and early suspicion can prevent mismanagement and preserve fertility. Multidisciplinary coordination is essential to avoid maternal harm.

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