

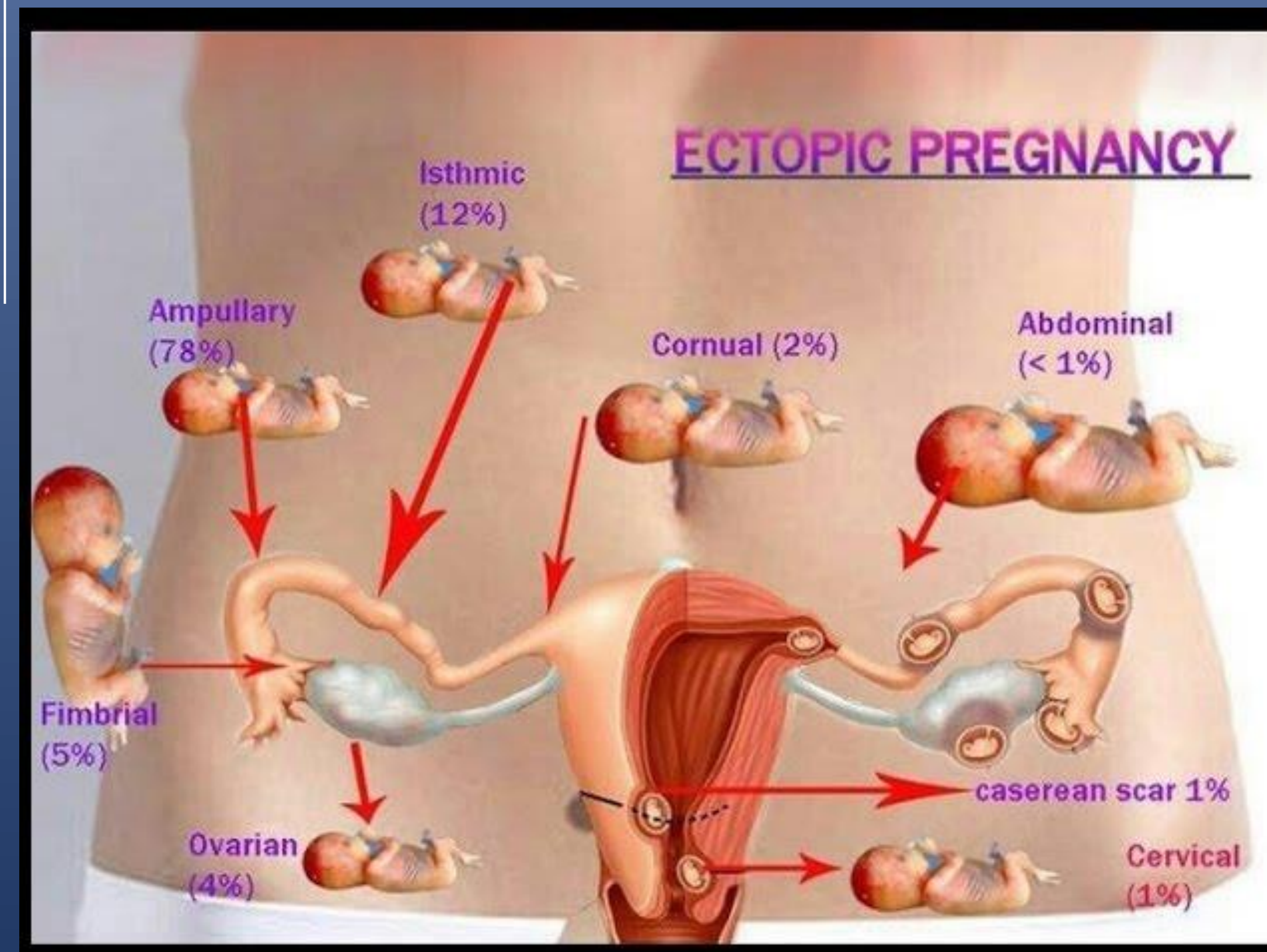
CORNUAL ECTOPIC PREGNANCY

RCOG WORLD CONGRESS

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OBJECTIVE

Reporting one of rare cases of cornual ectopic pregnancy reach up to 34 weeks of gestation.



INCIDENCE

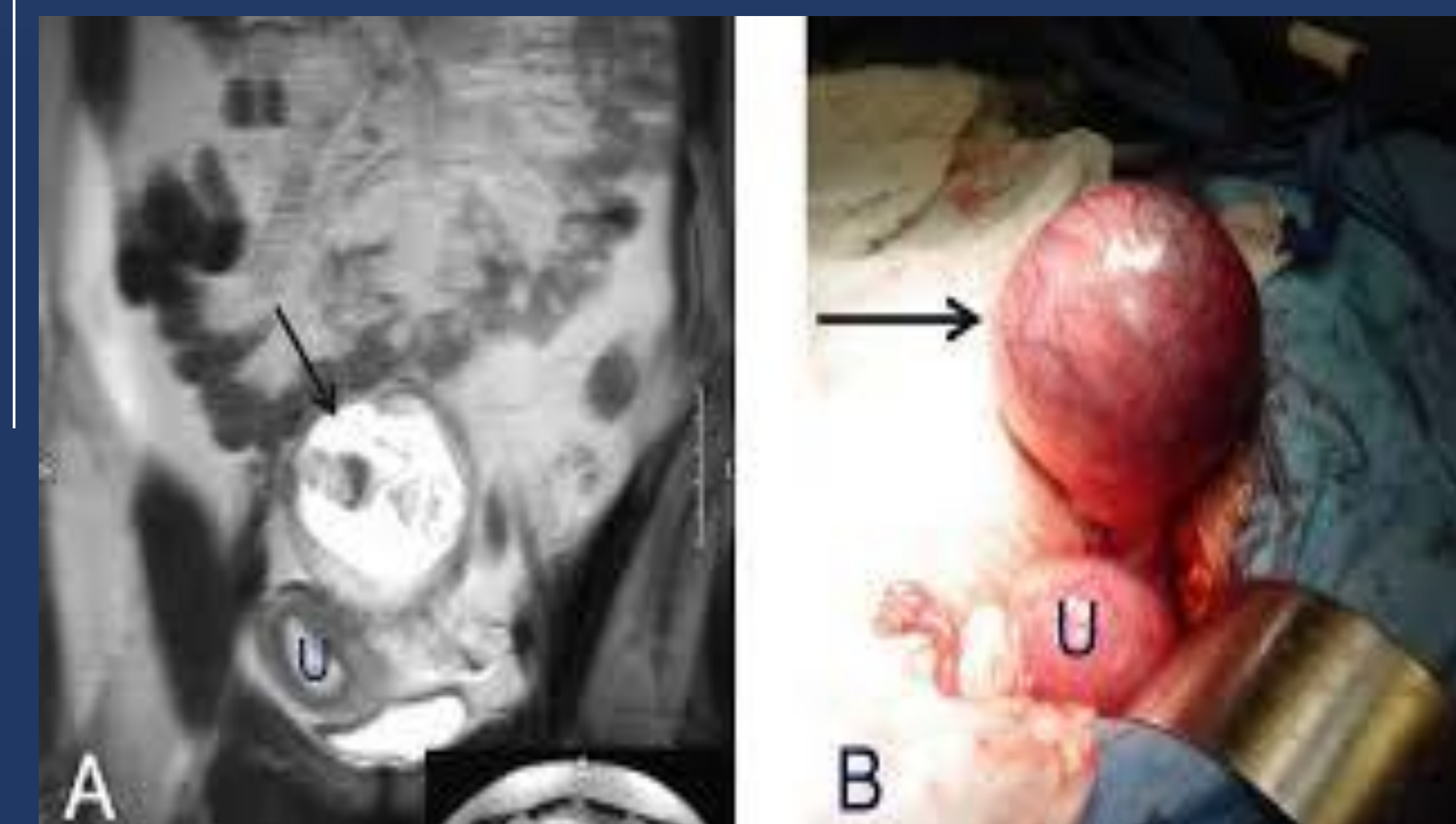
It account 2-4%of ectopic pregnancy , in very rare condition cornual pregnancy can result in viable fetus.

CASE PRESENTATION

28 years old primi gravida low risk pregnancy had anomalies scan at 20 weeks of gestation ,after that she came in labour at 34 weeks of gestation breech presentation contracting with closed cervix
There was no history of leaking or bleeding .No past history of pelvic inflammatory diseases. Regular cycle
She was belonging to area the only scan done was anomalies scan at 20 weeks with no dating or early scans.

MANAGEMENT

Patient taken for emergency lower segment caesarean section ,during the surgery baby found placed to one side delivered by breech extraction outcome female baby weight 2.1kg Apgar 6/9
Placenta was adherent to uterine cornu, the cornu removed with the placenta and uterus found normal size , non communicating with left cornu .
Resection of left cornu and left salpingectomy
Right very and tubes were normal
Blood loss was 1000ml patient needed one unit of blood
Patient recovery was uneventfully.



DISCUSSION

Cornual pregnancy is rare condition with increase risk of maternal morbidity and mortality
It is important to do early dating scan for early detection of such rare cases.
An important feature of cornual pregnancy is that the sac is surrounded by myometrium and though it is poorly developed, it can continue the pregnancy for longer time.

CONCLUSION

The patient was diagnosed at the time of caesarean section despite that 20%of cases can cause cornual rupture if pregnancy progressed beyond 12 weeks of gestation

REFERENCES

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