



## Ruptured Cornual Ectopic Pregnancy – A Rare Occurrence

**Dahiya S**

Postgraduate student, Obstetrics and Gynaecology, Rohilkhand Medical College and Hospital, Bareilly.

**Premi H K**

Professor and Head of Department ,Obstetrics and Gynaecology, Rohilkhand Medical College and Hospital, Bareilly.

**Mukherjee S**

Assistant Professor,Obstetrics and Gynaecology, Rohilkhand Medical College and Hospital, Bareilly.

### ABSTRACT

*A cornual pregnancy is uncommon [1]but most dreaded among ectopic pregnancies.The terms 'cornual pregnancy' and 'interstitial pregnancy',both types of ectopic pregnancy,are used in the medical literature interchangeably. By definition,a cornual pregnancy refers to the implantation and development of a pregnancy in the lateral upper portion of the uterus,whereas an interstitial pregnancy implants within the myometrium of the proximal and intramural portion of the fallopian tube[2]. A diagnosis of cornual pregnancy remains a challenge and rupture of a cornual pregnancy causes catastrophic consequence due to massive bleeding.*

*We report a case where cornual pregnancy was diagnosed at 16 weeks of gestation after uterine rupture and profound haemorrhage occurred. The patient underwent hysterectomy.*

**KEYWORDS :** Cornual,Rupture uterus,Ectopic pregnancy,Interstitial,Laparotomy

### Case Report

32 years G<sub>5</sub>P<sub>3</sub> ,L<sub>3</sub> having 16 weeks gestation presented in the emergency department of hospital with pain abdomen and vomiting for the last 24 hours.On examination patient looked pale with a thready low volume pulse rate of 122/min and B.P of 80/50 mm Hg. Patient was afebrile.

#### P/A examination:

Abdomen was distended with tenderness +

Size of the uterus per abdomen could not be made out.

**P/S Examination** showed cervix and vagina healthy with no bleeding Per vaginum.

**P/V Examination** revealed marked cervical motion tenderness with fullness of the fornices. Exact size of the uterus could not be made out per vaginum.

**P/R Examination** showed fullness of pouch of douglas with tenderness.

The initial laboratory tests included haemoglobin 8 g/dL, hematocrit 24% ,T.L.C 15,000/cu mm. Platelet count, bilirubin, alanine and aspartate transaminase and alkaline phosphatase were within normal limits. On the abdominal ultrasonography, IUD fetus of 16 wks gestational age -?Uterine Perforation and evidence of free fluid in the abdomen was seen. Urine for pregnancy test was positive and a diagnostic abdominal paracentesis revealed altered blood in the peritoneal cavity.

Patient was posted for emergency laparotomy and there was about 2 litres of blood in the peritoneal cavity with a fetus and placenta protruding from the right ruptured cornual region of the uterus (see figure ).Both tubes and ovaries were normal .An abdominal hysterectomy was done,during surgery patient received 4 units of packed cells.The postoperative period was uneventful and patient was discharged on 7<sup>th</sup> Post operative day under satisfactory conditions.



### Conclusion:

Cornual pregnancies often rupture later than other tubal pregnancies because the myometrium is more distensible than the fallopian tube. Increased vascularity associated with interstitial ectopic pregnancies is more likely to result in a catastrophic hemorrhage and death.In late cornual gestation or after rupture,laparotomy with hysterectomy or cornual resection have traditionally been the methods of treatment. The present case demonstrate the importance of maintaining a suspicion for ectopic pregnancy or "think ectopic" attitude even at advanced gestational ages.The role of ultrasound in close monitoring of these pregnancies can not be overemphasised[3].

### REFERENCES

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