

Laparoscopic Management of Emergency 12 weeks Gestational Age Cornual Ectopic Pregnancy

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ABSTRACT

There are various possibilities for treating cornual ectopic pregnancies, including medical approaches using methotrexate either local or systemic and surgical approaches using laparoscopy or laparotomy. This report describes the laparoscopic management of a large cornual ectopic pregnancy (13 week gestational age) admitted to emergency ward as severely disturbed ectopic pregnancy not diagnosed as cornual ectopic [1].

Traditional treatment of cornual pregnancy consists of hysterectomy or cornual resection by laparotomy. Laparoscopic treatments include cornual resection, cornuostomy, salpingostomy, or salpingectomy [1].

Keywords

Ectopic pregnancy, fallopian tubes, Laparoscopy.

Introduction

Cornual implantation of an ectopic pregnancy is a rare event. It represents 2-4% of all tubal pregnancies but has an estimated maternal mortality of 2-2.5% because of the risk of cornual rupture [2]. By definition, a cornual pregnancy develops in the fallopian tube's proximal myometrial portion, which is 0.7 mm wide and 1-2 cm long with a slightly tortuous course, extending obliquely upward and outward from the uterine cavity. A pregnancy implanted in this site is also called an interstitial pregnancy, also cornual ectopic is by other definition is pregnancy in the cornual end of bicornuate uterus.

Predisposing factors to cornual pregnancy include previous ectopic pregnancy, a history of ipsilateral salpingectomy, and in vitro fertilization. Diagnosis is generally based on the human chorionic gonadotropin (hCG) level and on transvaginal ultrasound.

Case Report

A 30-year-old Egyptian woman, gravida 0, para 0, admitted to emergency ward as acute abdomen transvaginal ultrasound shows right side pelvic hematoma with pelvic collection serum pregnancy test positive and empty cavity for previously known bicornuate

uterus by history, and with an estimated gestational age of 12-13 weeks according to the last menstrual period. She had a history of appendectomy, preparing for ICSI as 5 years of infertility. There were no other medical or surgical antecedents. Clinical and vaginal examinations show 2 cervixes.

A laparoscopy was performed. At the laparoscopy, we found about 7 cm mass in the right uterine cornua, in bicornuate uterus (Figure 1). The other pelvic organs were looks normal. A 5-mm port was placed in the left lower quadrant, a 5-mm one was placed in the right lower quadrant and midline 10mm port.

Ruptured cornual ectopic diagnosed by manipulation using suction instrument cornual part is ruptured as shown figure 2, we extend the ruptured area placental tissue and almost delivery of fetus around 12 week gestational age as shown in figure 3.

After delivery of the fetus and suction of the placental remnants and blood collected, haemostatic bursae string suture taken around ruptured cornual end as demonstrated in figure 4.

Cornual end is excised (cornuectomy), intracorporeal suture taken to reinforce the uterine wall at this cornual end as shown in Figure 5. Suction irrigation done then extraction of the fetus and placental remnant done using endobag, intraperitoneal drain inserted and

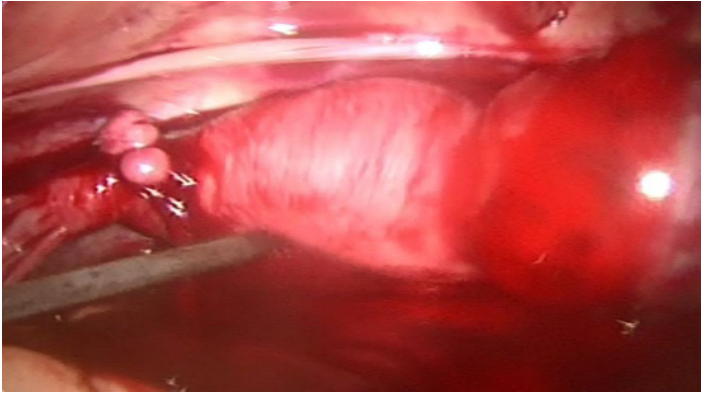


Figure 1: Shows bicornuate uterus with sever blood collection showing right cornual ectopic.

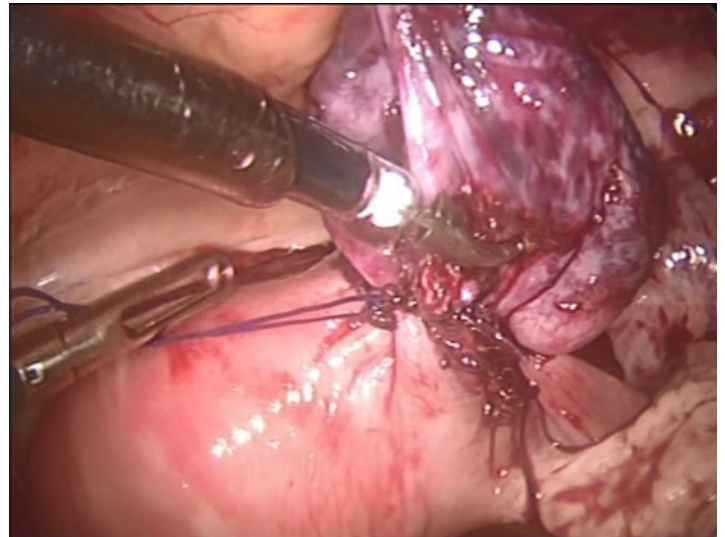


Figure 4: Haemostatic suture taken.

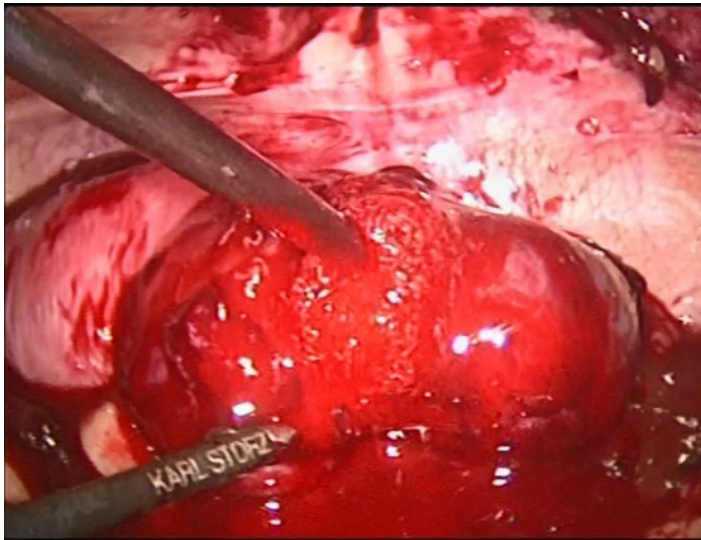


Figure 2: Ruptured cornual ectopic with placental tissues.

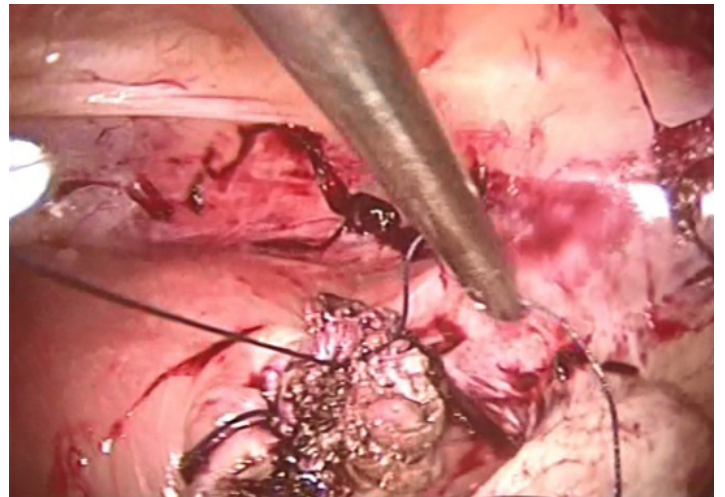


Figure 5: Reinforcement by laparoscopic intracorporeal suturing.

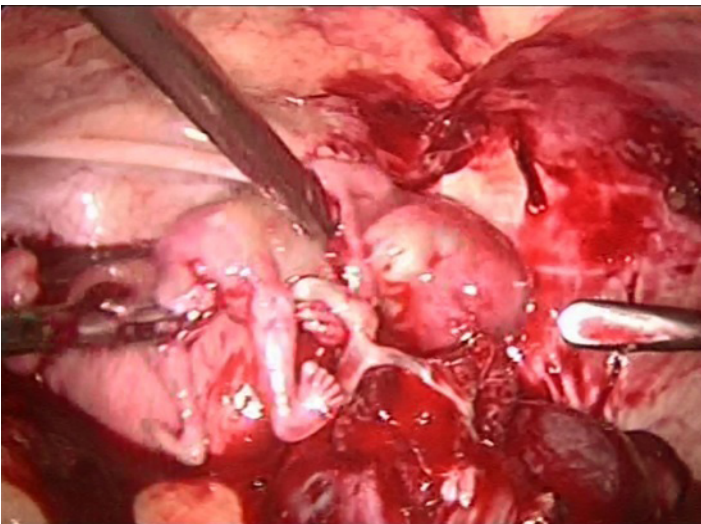


Figure 3: Delivery of fetus.

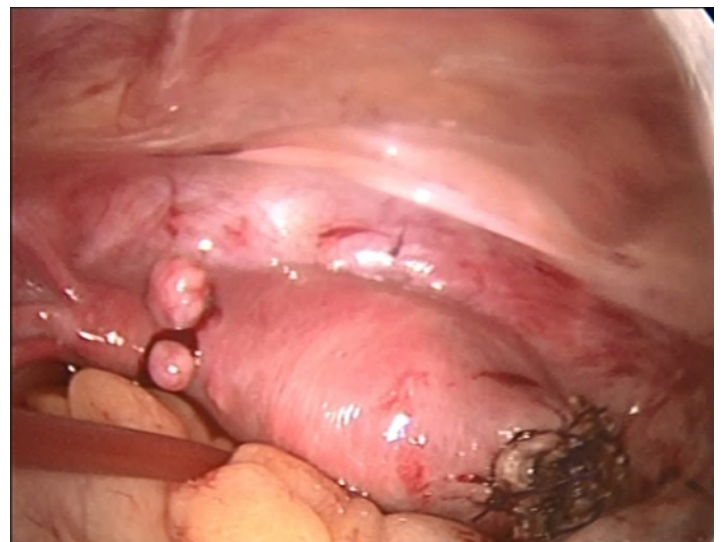


Figure 6: Final picture with drain inserted.

final picture shown in figure 6.

Postoperative follow up for this case was smooth, discharged after 24 hours with good general condition.

Conclusion

Although this case presented as emergency laparoscopic management for cornual ectopic even in disturbed situation can be feasible. Unfortunately, we have little knowledge of the evolution

and follow-up of subsequent pregnancies.

References

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2. Canis M, Savary D, Pouly JL, et al. Ectopic pregnancy: criteria to decide between medical and surgical treatment? *J Gynecol Obstet Biol Reprod.* 2003; 32: S54-S63.