

A rare sequel following cornual ectopic pregnancy: a case report

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One of the major concerns following cornual ectopic pregnancy, as shown in this case, is uterine rupture in future pregnancies. Uterine rupture has been described at 20 weeks gestation in a woman who had a cornual pregnancy treated by salpingectomy at 24 weeks, and as such it has been suggested by some experts that suturing the uterine wall to reinforce the defective area is advisable. Conversely, term deliveries have been described in patients with laparoscopic treatment of cornual pregnancies without reinforcing sutures. There is general agreement that suturing the uterine wall should be performed in cases where the cornual pregnancy sac extends into the endometrial cavity. Long-term follow-up of patients treated with cornual pregnancies with endometrial involvement may reveal the optimum treatment technique. In addition to surgical technique, patient counselling and appropriate debriefing regarding increasing interpregnancy interval is paramount in reducing maternal and fetal morbidity. Proper documentation in operative notes is vitally important for future reference.