

An Unusual Case of Cornual Pregnancy

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Mrs. S. B. P3+0, aged 35 years was admitted in RG Kar MC hospital on 20.2.99 complaining of loss of fetal movement for 3 months.

She had a history of an attempt of induced abortion after 8 weeks of amenorrhoea (I.M.P was 3rd week of Jan '98) with the help of abortifacient drugs. 15 days later, as the fetus was not expelled, she underwent dilatation and evacuation. However she continued to complain of pain in abdomen. USG on 5.5.98 revealed a single live foetus of 15-16 weeks size in one cornu of a bicornis bicollis type of uterus with placenta in the lower uterine segment. EDD as calculated from above was in the last week of October '98. Foetal movements were perceived from 5th month onwards till the end of October. In the beginning of November she consulted a private practitioner for pain in abdomen (? Labour pain) and loss of fetal movements. Urgent USG was advised but she had the scan done 3 months later on 17.2.99. The sonologist reported the presence of a single extra-uterine pregnancy of 35 weeks gestation with no fetal cardiac activity and a positive Spalding's sign. A Grade III placenta was placed anteriorly and to the right side of the abdomen. Liquor was almost absent. Uterus appeared to be separate from the gestational sac and of normal size.

On examination the patient was conscious, well oriented with a poor GC, pulse 80/min. BP 140/90 mm Hg and moderate pallor. The shape of the abdomen was pyriform. Uterine height corresponded to 30 weeks. No fetal movements were felt, nor were the fetal parts delineated properly. FHS could not be localized. However the attitude and position of the fetus remained unaltered at repeated examinations. On internal examination the uterus could be felt separate from the abdominal mass, and was of normal size. A repeat USG on 24.2.99 corroborated the previous findings. A straight X-ray of abdomen with an intrauterine sound revealed a fetus with a positive Spalding's sign lying outside the uterus. Complete haemogram including platelet count and fibrinogen level were within normal limits.

The patient underwent laparotomy by a right paramedian incision. On entering the abdomen after

separation of the adhesions of omentum, a large sac like structure was found. The macerated baby was delivered by breech extraction after incising the sac transversely. The male baby was mummified with adipocere formation with flexed limbs and weighed about 2.4 kgs. The placenta was found on the posterior surface of the sac. The sac was attached to the right side of the uterus by a solid pedicle and the fallopian tube, round ligament and ovary were attached to the lateral side of the sac. The sac i.e., the right cornu of the uterus had no apparent communication with the uterus. The pedicle was clamped, ligated and cut from the uterus. The right round ligament and infundibulopelvic ligament were ligated and divided (Fig. 1). The right cornu with the placenta fallopian tube and ovary were removed en masse. Left ovary and tube were healthy, and left-sided tubectomy was performed.

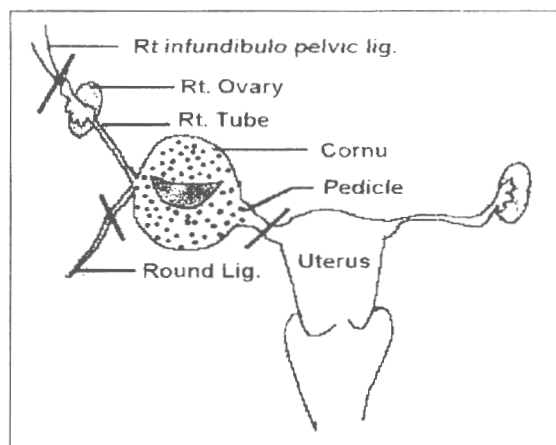


Fig. 1: Findings Depicted

Since there was no communication between the right cornu and the body of the uterus, the sperm or the fertilized ovum must have migrated trans-peritoneally to reach the right cornu of the uterus

The post operative period was uneventful and she was duly discharged. She attended the OPD twice for follow-up and had resumed her normal periods.