

CORNIAL PREGNANCY ON A SALPINGECTOMY STUMP: A CASE REPORT

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ABSTRACT

The corneal pregnancy is a very rare disease; even more the corneal pregnancy on a salpingectomy stump, its gravity is linked to the hemorrhagic risk due to the rich vascularization of the uterine horn. We report the case of a patient with a history of GEU having benefited from radical treatment, with the occurrence 7 years later of ectopic pregnancy on the salpingectomy stump, reporting a case to us and through a review of the literature we explain the diagnostic and therapeutic approach and the value of radical treatment close to the uterus in case of salpingectomy.

KEYWORDS: Corneal pregnancy, hemorrhage, strump of salpingectomy.

INTRODUCTION

Corneal ectopic pregnancy is a very rare pathological entity, which constitutes 1-2% of ectopic pregnancy. Its severity is related to the hemorrhagic risk due to the rich vascularization of the horn and the myometrial distension caused by pregnancy.

OBSERVATION

We report the case of a patient aged 32 years, 5 th gesture, primiparous, with a history of early non-curetted abortion, a left ectopic pregnancy treated by salpingectomy 7 years ago and a vaginal delivery, who consults for metrorrhagia with left pelvic pain on amenorrhea of 6 weeks in which the clinical examination finds a AT= 12/6 CF = 86 beats / min, sensitivity of left iliac fossa, no metrorrhagia, on ultrasound an empty normal size uterus with an endometrium thickened to 19mm, with the presence of a gestational sac with yolk sac at the

level of the eccentric fundus on the left side, without pelvic effusion and a BHCG level at 5600 IU. Figure 1 (a, b).



Figure 1 (a): Gestational sac at the level of the fundus eccentric on the left side.

Figure 1 (b): Thickened, empty endometrium

Faced with a strong suspicion of ectopic pregnancy, the patient underwent a laparotomy. On exploration, we noted the presence of an unbroken left cornual GEU on the salpingectomy scar, figure 2 (a), we performed a cornuotomy, then evacuation of the product of conception, figure 2 (b) then suture by points in X.

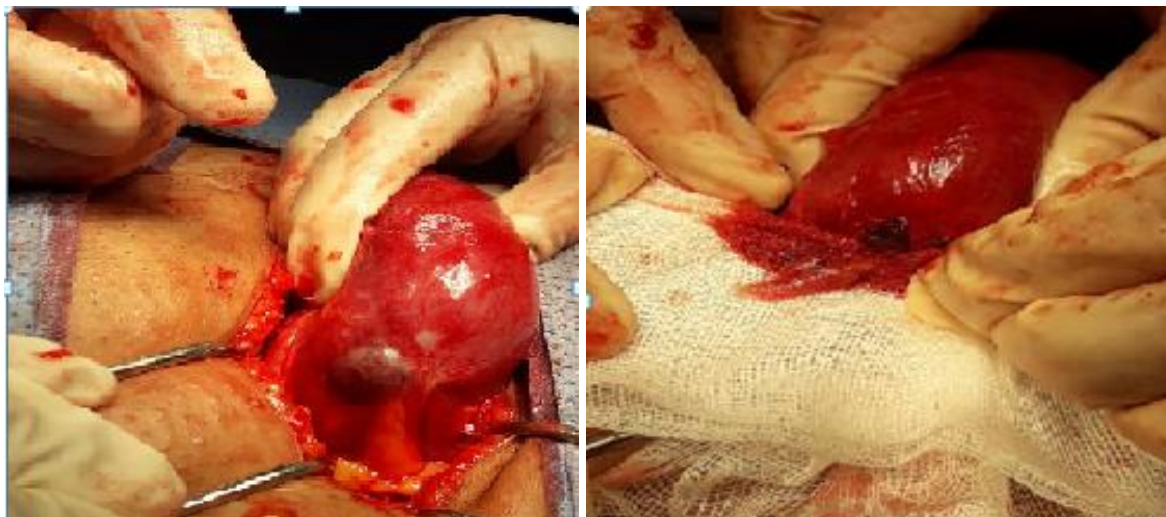


Figure2 (a): Ectopic pregnancy in the of conception salpingectomy stump.

Figure 2 (b): Evacuation of the product after cornuotomy.

DISCUSSION

The term cornual was originally used to describe an ectopic implantation either in a rudimentary horn in the case of a bicornuate uterus, or in the lumen of a tubal stump. It also includes angular pregnancies which correspond to an intrauterine implantation of the pregnancy sparing the tubal delivery; and interstitial pregnancy corresponds to an implantation in the tubal portion included completely in the thickness of the uterus and opening in the cavity. The mortality rate of corneal pregnancy is estimated between 2 and 2.5%, or 2 times more than tubal ectopic pregnancy.^[1] The rupture of interstitial pregnancies is particularly haemorrhagic due to a rich corneal vascularization and greater myometrial distension by a more advanced pregnancy.^[2] The risk factors are similar to other ectopic pregnancies (history of ectopic pregnancy, pathology and tubal surgery, intrauterine exposure to genital infections, tobacco) except for ipsilateral salpingectomy which is a risk factor specific to interstitial pregnancy.^[3]

The following ultrasound criteria were proposed by Timor-Tritsch in 1992 for this diagnosis: an empty uterine cavity, an eccentric gestational sac located > 1cm from the lateral wall of the uterine cavity and a thin (<5mm) layer of myometrium around the bag.^[4]

The treatment of corneal pregnancy is poorly codified and is most often guided by the clinical picture. It can be medical by intramuscular (IM) or in situ (IS) injection of methotrexate in single or repeated doses^[5,6] Surgical management can also be done by corneal resection^[7] or cornuotomy.^[8] However, the operated uterine horn appears to be a fragile area and cases of rupture in the second trimester have been described. It is assumed that even after medical treatment, doubt persists on the quality of the corneal myometrium after treatment. Currently, most authors recommend performing a caesarean section before any labor begins in a subsequent pregnancy.^[9]

Note that during a salpingectomy, it is important to perform a tubal section close to the uterus. Indeed, recurrences of ectopic pregnancies have been described in cases of residual tubal stump after salpingectomy.^[20]

CONCLUSION

Corneal ectopic pregnancy is a rare ectopic pregnancy, with a major hemorrhagic risk, and requires adequate PEC; especially during a salpingectomy, it is important to perform a tubal

section close to the uterus because recurrences of ectopic pregnancies have been described in case of residual tubal stump after salpingectomy.^[9]

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