

Extraction of a Ruptured Cornual Pregnancy Using Bimanual Pressure In An Emergency Laparotomy

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Received Date: May 06, 2017 Accepted Date: May 15, 2017 Published Date: May 17, 2017

Citation: Daniel Gonzalez (2017) Extraction of a Ruptured Cornual Pregnancy Using Bimanual Pressure In An Emergency Laparotomy. *Matern Complicat Womens Health J* 2: 1-2.

Introduction

Ruptured cornual pregnancy is a potentially life-threatening condition. Cornual gestations are 2 to 4% of all ectopic pregnancies [1]. Possible treatments of cornual pregnancies include expectant management, systemic administration of methotrexate, local injection of methotrexate, hysteroscopic management, cornuotomy and cornuectomy [2]. Ruptured cornual pregnancy constitutes an urgent medical situation due to possible massive maternal hemorrhage and requires a surgical management.

The present paper reports on a patient with a ruptured cornual pregnancy who entered the hospital in a life-threatening condition. Cornuectomy was avoided by performing bimanual pressure on the uterine horn.

Keywords

Cornual pregnancy; Laparotomy; Conservative treatment

Case Report

A 28-year-old female gravida para 0 with a history of 8 weeks of amenorrhea entered the operating room with a diagnosis of hemorrhagic shock. Emergency ultrasound revealed a massive hemoperitoneum and a right cornual pregnancy. An 8-week-old embryo (Crown-rump length=19 mm) with positive heartbeat was depicted at the right cornual region.

The laparoscopic approach showed a massive hemoperitoneum and arterial bleeding coming from the uterine horn. An emergency laparotomy was performed and before proceeding with cornuectomy, an attempt to the ectopic pregnancy by bimanual pressure on the uterine horn was performed. The hands were placed behind the uterus and the thumbs were used for performing the pressure.

Gestational tissue was easily removed with the pressure on the uterine horn extracting an intact sac and fetus with no need of removing the surrounding myometrium or performing a cornuectomy (Figure 1). A hemostatic suture was performed and the peritoneal cavity was washed.

Two units of packed red blood cells were needed during the intervention. Beta human chorionic gonadotropin was 57044 U/l and 5127 U/l when the patient was discharged three days afterwards.

The patient's informed consent was obtained for publishing this case report.



Figure 1: Gestational tissue removed with the pressure on the uterine horn.

Discussion

In an emergency situation, like a patient under hemorrhagic shock, the least traumatic and shortest surgical techniques should be chosen. In cornual pregnancies, the operation time for performing a cornuotomy is significantly shorter than the one required for a cornuectomy [3]. In our case, we were able to extract the gestational tissue within seconds using bimanual pressure on the uterine horn, which resulted in a shorter operating time than the one required for laparotomic or laparoscopic cornuectomy or cornuotomy (+/- 71 minutes) [1,4].

Conclusion

Bimanual pressure on the horn is a short easy procedure that should be tried before proceeding with other techniques like cornuectomy or cornuotomy in cases of life threatening ruptured cornual pregnancies.

Acknowledgments

Thanks to Jennifer Allerson (native English speaker) who reviewed the article.

Conflict of Interest/Funding Statement

Authors do not have any potential conflict of interest or funding.

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