

## Cornual ectopic

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### Case study

An 8-week primiparous 34-year-old lady, was referred to the early pregnancy unit regarding threatening miscarriage. Transvaginal ultrasound scan detected a left cornual ectopic pregnancy measuring 5 cm in diameter with  $\beta$ HCG level of 80,000 UI. The patient was hemodynamically stable. Laparoscopy confirmed the diagnosis (Figs. 1, 2, and 3) and salpingectomy with excision of the ectopic pregnancy was performed (Fig. 4). Electro-coagulation (monopolar and bipolar) was used and hemostasis was assured using two intramural stitches Vicryl® 1/0 at the end of the operation. The patient had an uneventful recovery and returned home after 24 h. To our best knowledge, this case has a spectacular illustration and was treated without need to convert to laparotomy. Use of methotrexate [1–3] or interventional radiography with uterine artery embolization have been attempted in the past in selected cases. In case of a diagnostic doubt, MRI can detect and characterize better the pregnancy location [3].

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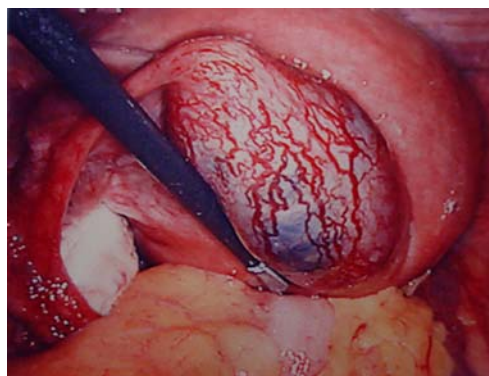


Fig. 1 Laparoscopic views of the left cornual ectopic pregnancy

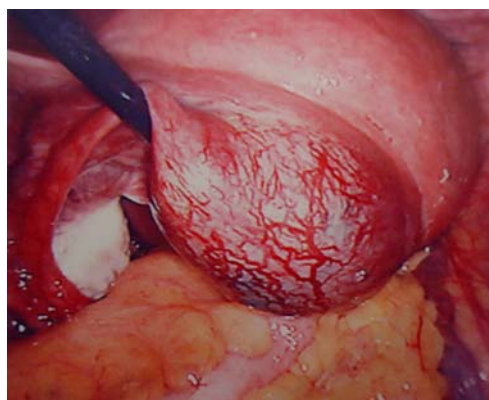
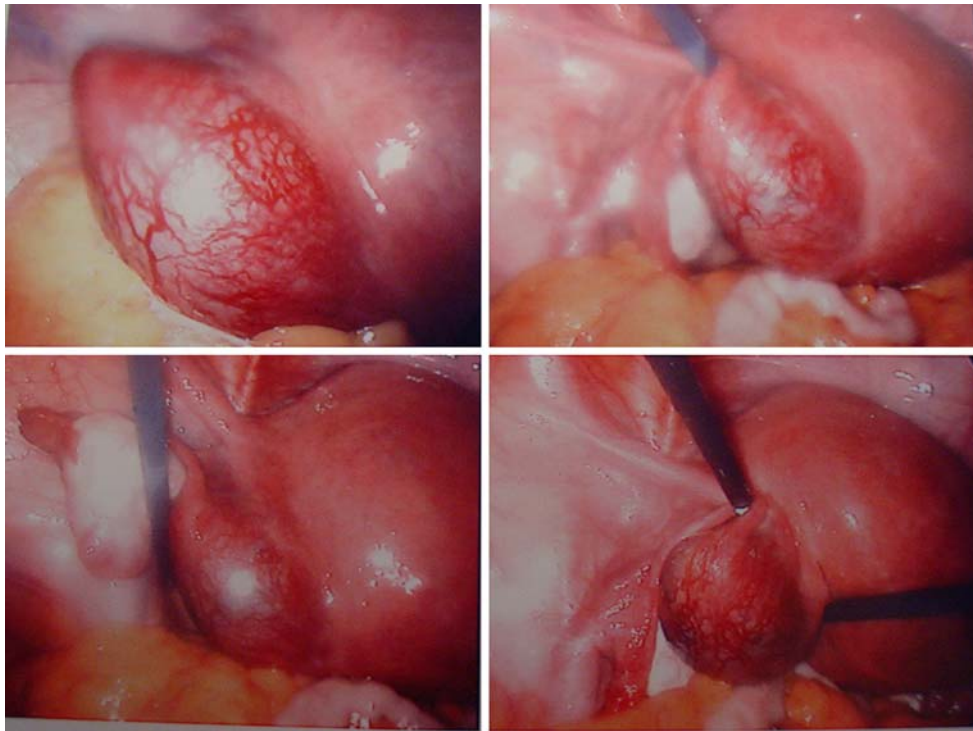
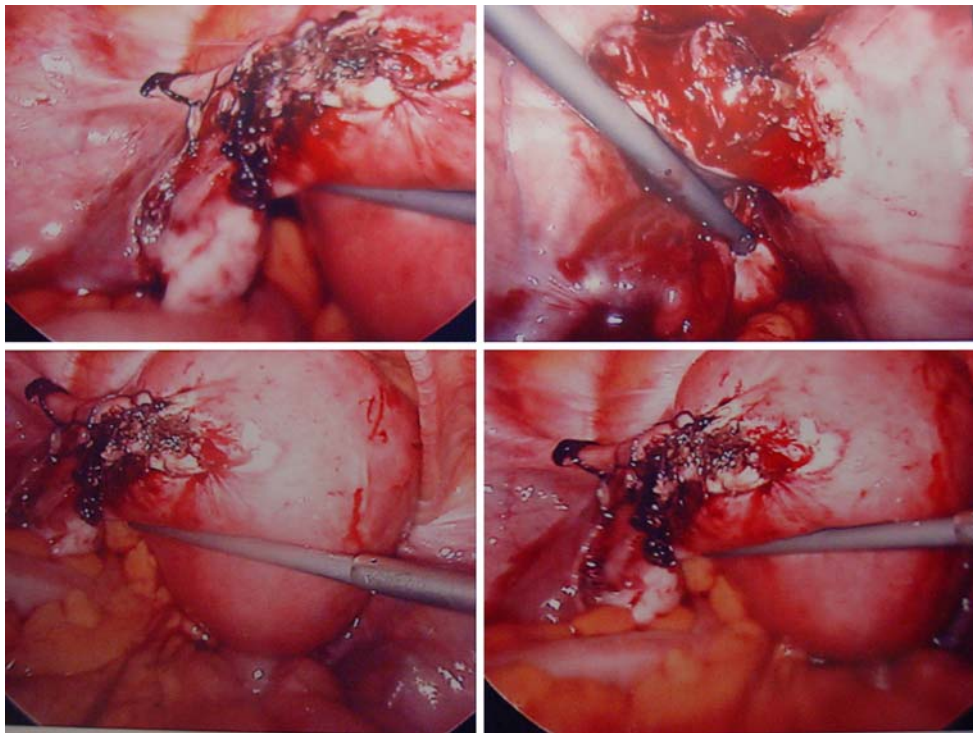


Fig. 2 Laparoscopic views of the left cornual ectopic pregnancy



**Fig. 3** Laparoscopic views of the left cornual ectopic pregnancy



**Fig. 4** Left salpingectomy and cornual excision

## References

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