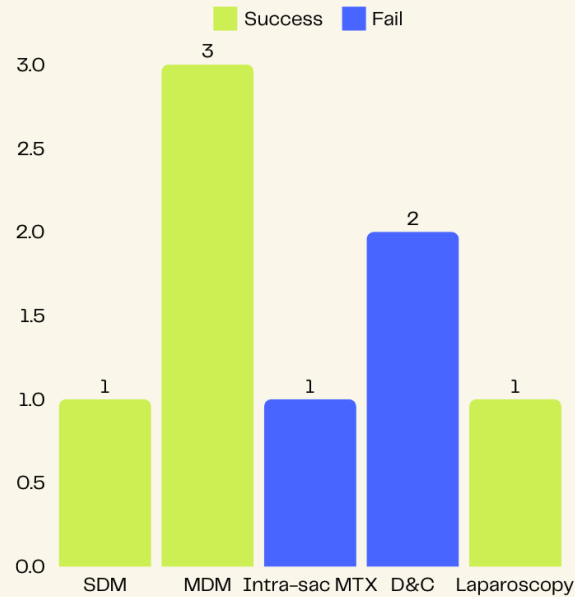


# Management of cornual ectopic pregnancies

**1 Introduction:** Cornual ectopic pregnancies (CEP) pose diagnostic and therapeutic challenges, with minimal evidence to guide management. While surgical intervention is well described, the role of medical management remains uncertain.

**2 Aims:** This audit evaluates the outcomes of different management strategies for CEP at a single centre over five years (2019–2024), assessing their efficacy and limitations.

**3 Methods:** Eight cases of CEP were reviewed. Management was determined by a combination of local hospital policies, patient factors and specialist discretion. Treatments included single-dose methotrexate (SDM), multi-dose methotrexate (MDM), intra-sac methotrexate, dilation and curettage (D&C), and laparoscopic resection. Success was defined as resolution of the CEP without further intervention.



**Figure 1.** Number of successful and failed cornual ectopic cases per method of treatment.

**4 Results:** There was a 100% success rate with multi-dose methotrexate (3/3), SDM (1/1) and laparoscopic resection (1/1), and no successes with D&C (0/2) or intra-sac methotrexate (0/1). One D&C case resolved with SDM, while the second required two doses of systemic methotrexate. The case with intra-sac methotrexate required a dose of SDM to achieve resolution.

Age	Gest. age	MSD (mm)	CRL (mm)	BhCG*	Tx	Success	Further Tx
40	7+	14	Not seen	15478	MDM	Yes	No
30	7+4	24.7	Not seen	3927	MDM	Yes	No
31	4+6	31.3	4mm	12597	MDM	Yes	No
34	5+6	6	Not seen	1851	D&C	No	SDM x2
32	6+0	7	2	4263	Intrasac MTX	No	SDM
30	8+0	X	12.9	5637	D&C	No	SDM
32	7+1	12.8	7.3	50403	Laparoscopy	Yes	No
32	7+6	X	X	4937	SDM	Yes	No

**Table 1.** Summary of cornual ectopic cases.

**5 Discussion:** While most studies emphasise surgical management of CEP, this audit supports the safety and efficacy of medical management for appropriately selected patients. Surgical approaches remain essential for haemodynamically unstable patients, or where medical treatment is contraindicated or unsuccessful. D&C was ineffective, likely due to intrauterine inaccessibility of the gestational sac. This audit emphasises the need for individualised treatment plans and further research to develop evidence-based guidelines for both medical and surgical management of CEP.