West Moreton Health

Management of Cornual Ectopic Pregnancy with Initially Declining Beta-hCG: A Case Report

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Background

Cornual ectopic pregnancy is a rare form of ectopic pregnancy occurring in the uterine horn, with an incidence of 2 – 4%. It carries disproportionate maternal morbidity and mortality due to the risk of catastrophic haemorrhage. Management is particularly challenging when beta-hCG initially declines, as this may suggest spontaneous resolution, yet rupture risk remains significant if diagnosis or intervention is delayed.

Aims

To present a case of cornual ectopic pregnancy with initially declining beta-hCG that subsequently rose, requiring surgical intervention, and to highlight the importance of serial monitoring during expectant management.

Case

A 41-year-old G8P6M1 woman presented with a positive urinary pregnancy test and light vaginal spotting. Ultrasound demonstrated a 55×28×34mm thick-walled cystic area in the left uterine fundus, continuous with the endometrium and extending into interstitial tissue, with marked peripheral vascularity. A 20×3×7mm gestational sac with only 3mm of surrounding myometrium was identified; no structures of pregnancy were visible within the sac.

(Image 1 and Image 2)

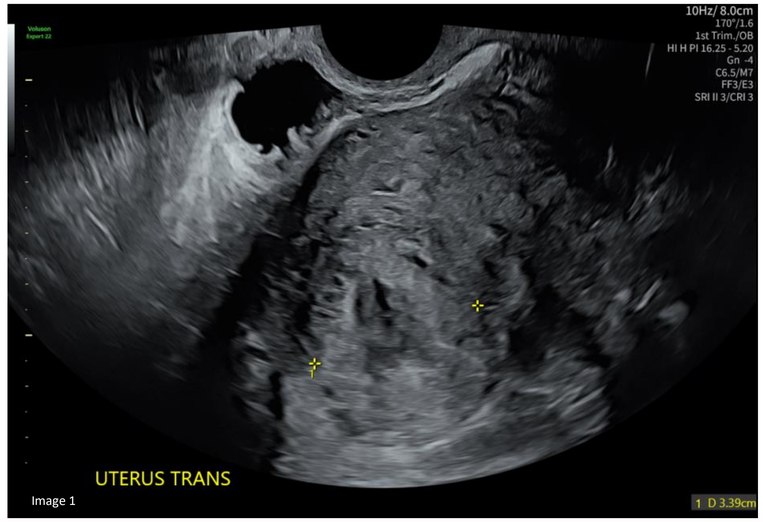


Image 1

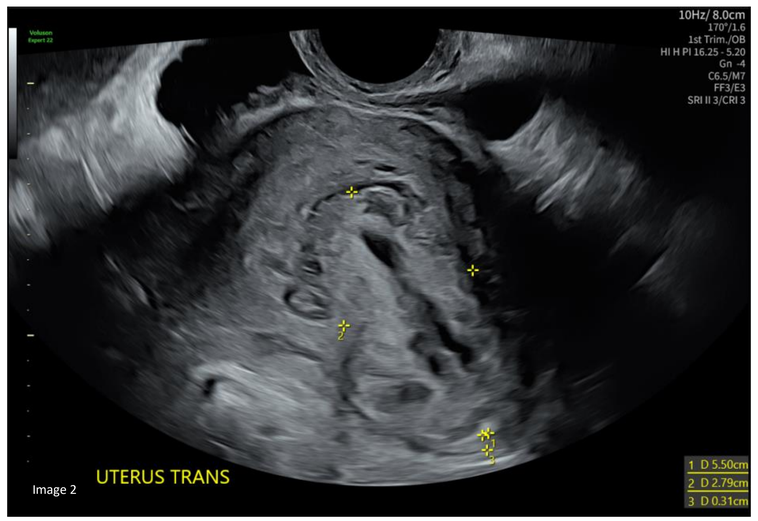
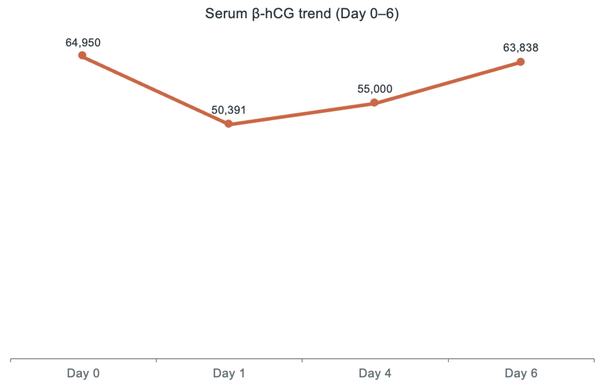


Image 2

Beta-hCG fell from 64,950 to 50,391 IU/L within 24 hours, as a result expectant management was offered. Methotrexate was considered but deferred due to the falling trend and reduced expected efficacy at high beta-hCG; the patient also preferred to avoid surgery at that stage. Levels then reversed – rising to 55,000 IU/L by day 4 and 63,838 IU/L by day 6 – prompting surgical intervention.



Day 4: 55,000 IU/L (rising) **Day 6:** 63,838 IU/L — surgical intervention planned

Results

Combined ultrasound-guided suction curettage and diagnostic laparoscopy with left cornual wedge resection were performed. Vasopressin was used for haemostasis. Left salpingectomy was performed given proximity to the cornual pregnancy, with prophylactic right salpingectomy also undertaken. Two-layer closure with V-Lok barbed suture achieved haemostasis, with estimated blood loss under 100ml.

Beta-hCG declined appropriately postoperatively, reaching 38 IU/L by day 19 post-surgery. Monitoring was planned to continue until beta-hCG became negative.

Discussion

This case demonstrates that while expectant management may be considered with declining markers, close serial monitoring is essential, as trends can reverse. Surgical intervention with cornual wedge resection remains definitive management when beta-hCG rises or plateaus, with careful attention to haemostasis given the vascular nature of the cornual region.

References

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