

## A Rare Case of Ectopic Horn Pregnancy: A Case Report

Haiat Midyani<sup>1</sup>, Bouyalik Fadwa<sup>2</sup>, Ziad Imane<sup>2</sup>, Kawtari Salmane<sup>2</sup>, Assal Asma<sup>2</sup>, Gotni Aicha<sup>2</sup>, Bensouda Mehdi<sup>2</sup>, Jalal Mohamed Naima<sup>2</sup>, Lamrissi Amine<sup>2</sup> and Samouh Naima<sup>2</sup>

<sup>1</sup>Department of Gynecology and Obstetrics, at Ibn Rochd University Hospital, Casablanca, Morocco

<sup>2</sup>Department of Gynecology and Obstetrics at the Ibn Rochd University Hospital in Casablanca, Morocco

### \*Corresponding author:

Bouyalik Fadwa,  
Department of Gynecology and Obstetrics,  
IbnoRochd University Hospital, Casablanca,  
Morocco

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### 1. Abstract

Although rare, cornual or horn pregnancy is an ectopic pregnancy of unusual location with a very serious prognosis, which must be identified at an early stage. The aim of this study was to describe a rare form of ectopic pregnancy. We report a case of a cornual pregnancy on a 35-year-old nulliparous patient collected at the maternity of El Harouchi Hospital in the university hospital of Casablanca.

### 2. Introduction

Ectopic pregnancy (EP) is a condition in which the fertilized egg develops outside the uterus, most often in the fallopian tube. However, a rarer type of EP, known as cornua ectopic pregnancy, which is similar to interstitial pregnancy, occurs in the upper, outermost part of the uterus, known as the cornua of the uterus. It is a rare pathology in everyday practice, representing around 2% of EPs, with a mortality rate of 2-2.5%, double that of tubal EPs. This clinical situation is particularly delicate and requires urgent management. This article presents an illustrative clinical case of horn ectopic pregnancy, focusing on the presentation, diagnosis and management of this condition.

### 3. Case Report

A 35-year-old nulliparous patient with no notable medical history presented to the emergency department with severe pelvic pain and vaginal bleeding. She also reports a 2-month delay in menstruation. The patient was in stable condition, but showed increasing anxiety due to her symptoms. On clinical examination, the abdomen is tender to the touch, with localized pain in the right pelvic region. Vaginal examination reveals no palpable mass, but cervical and fundal tenderness is present. Laboratory tests show a moderate elevation of pregnancy hormone (beta-hCG), although levels are not as high as in a normal intrauterine pregnancy. Pelvic ultrasound reveals the presence of an eccentric ectopic pregnancy. Given the location of the gestational sac, a conservative approach cannot be considered. The most appropriate surgical approach for this patient was hysteroscopy with evacuation of the gestational sac, a procedure that was performed, but without success, as no pregnancy was visible by hysteroscopy. A laparotomy was deemed necessary (Figure 1). This approach made it possible to remove the fertilized egg while preserving uterine function as far as possible. Due to the high risk of rupture, close in-hospital monitoring was implemented after the procedure.



**Figure 1:** Intraoperative image of a cornual pregnancy.

#### 4. Discussion

Ectopic pregnancy (EP) is the ectopic implantation of an egg outside the uterine cavity, most often at the tubal level, more occasionally at the ovarian or abdominal level. Interstitial or ovarian EPs are rare and represent a single entity. Their frequency represents 3.2% of EPs for ovarian pregnancies and 2.4% for interstitial pregnancies [1]. A horn pregnancy is defined as an EP implanted in the rudimentary horn of a bicornuate uterus. By extension, this definition applies to pregnancies implanted in the horn of a bicornuate or septate uterus, and some group under this definition the development of trophoblastic tissue on the remaining stump of a tube that has been treated by salpingectomy. Interstitial, angular (developed at the level of the tubal ostium at the bottom of the uterine cavity) and coronal ectopic pregnancies are often grouped together and represent the same clinical and therapeutic entity [2]. Clinical presentation is based on the characteristic triad of EPs, associating pelvic pain and/or metrorrhagia in a context of amenorrhea with positive BHCG [3]. The ultrasound diagnosis of cone pregnancies is well known. According to Timor-Tritsch, there are three essential criteria: an empty uterine cavity, a gestational sac separated by more than 1 cm from the uterine cavity (interstitial line), and a myometrial crown around the sac [4]. However, traditional ultrasonography sometimes has limitations in the diagnosis of coronal EPs. Magnetic resonance imaging is the most accurate alternative for positive and topographical diagnosis of rare forms of EP [5]. Treatment of cornual pregnancy depends on the stage of discovery, but is most often surgical. Specifically, in the presence of an acute abdominal syndrome and hemodynamic instability or hemoperitoneum, it is essential to consider immediate surgical treatment. Initially, treatment of this type of EP consisted of salpingectomy combined with cornulectomy by laparotomy [2]. In our case, the pregnancy was diagnosed at around 8 weeks' gestation, and the patient presented with moderate abdominal

pain, with no signs of shock or impending rupture. Clinical observations have revealed the efficacy of conservative treatments in several cases. These treatments consist of incision of the horn and emptying of its trophoblastic contents, followed by suturing of the hysterotomy. Laparoscopy has also been used to treat horn pregnancies. This procedure involves incision of the horn followed by expression of its contents to allow evacuation. The aim of this approach is to preserve, as far as possible, continuity between the uterine cavity and the free fallopian tube. The incision may or may not be sutured, depending on the surgeon's preference. Laparoscopy has become the standard treatment for congenital EP in teams trained in laparoscopic surgery, and for hemodynamically stable patients. Hysteroscopic conservative treatment is also possible [6]. In some cases of cornual pregnancy, uterine artery embolization may be considered, although this is not the preferred method in this particular case. Fertility prognosis and the risk of recurrence obviously depend on the condition of the contralateral tube. As for obstetrical prognosis, it is marked by the risk of uterine rupture, so Caesarean section would seem to be justified in a subsequent pregnancy [7]. In the case of our patient, successful surgery removed the gestational sac without major complications. She was closely monitored, and her future fertility was discussed as part of her post-operative follow-up.

#### 5. Conclusion

Cornual ectopic pregnancy is a rare but serious complication requiring rapid management. Although advances in ultrasound diagnosis are enabling earlier and earlier detection, this condition remains difficult to manage due to the risk of uterine rupture. Multidisciplinary management, involving obstetricians, surgeons and radiologists, is essential to ensure the best possible prognosis for the patient. Long-term follow-up is also crucial to minimize the risk of future complications.

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