CORNUAL TWIN PREGNANCY: DIAGNOSTIC DIFFICULTIES

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INTRODUCTION:
The interstitial pregnancy is an exceptional entity that represents nearly 2% of ectopic pregnancies. The actual incidence of interstitial twin pregnancies is unknown due to the rarity of this condition. We report the first case diagnosed in our department.

AIM OF STUDY:
The objective of this study is to show the DIAGNOSTIC DIFFICULTIES OF CORNUAL TWIN PREGNANCY.

CASE REPORT:
• A 46 years multigravida, Gravida:6, Para:4, presented to our clinic with the complaint of an acute lower painful abdomen at 9 weeks of gestation. She present some risk factors as intrauterine contraceptive device for two years and an oral contraceptive micro progestin during the last three years.
• The current spontaneous pregnancy is estimated at 9 weeks of amenorrhoea (WA). The beta-hcg rate was 29000UI/ml. The patient consulted the emergency department with the complaint of an acute lower painful abdomen.
• A transvaginal pelvic ultrasound was performed objectifying an empty uterus, a gestational sac containing a monoamniotic twin pregnancy (Figure 1). Heart activity was positive for both twins (Figure 2,3), and there was no effusion in douglas.
• An interadnexal hysterectomy was performed. The anatomopathology report confirmed the diagnosis of tubal twin pregnancies.

DISCUSSION:
The cornual twin pregnancy is a rare ectopic pregnancy, difficult to diagnose which may involve life and maternal fertility prognosis. Several isolated cases have been reported in the literature. Transvaginal ultrasonography coupled with measurement of plasma beta-hcg allows diagnosis at early stage. There is three basic criteria: a vacuum uterine cavity, a separate gestational sac over one cm from the uterine cavity (interstitial line), and a myometrial crown around this bag. We met these three criteria in our patient. The magnetic resonance imaging (MRI) is the most accurate alternative means for positive and topographic diagnosis of rare forms of ectopic pregnancy. There is no therapeutic protocol that establishes the choice of treatment of the cornual pregnancy. Laparotomy with hysterectomy or cornual resection have been traditionally treated the cornual pregnancies.

CONCLUSION
Corneal pregnancy is an unusual ectopic pregnancy, which should be diagnosed at an early stage. Transvaginal ultrasound is a very good means of diagnosis allowing its discovery at an early stage. This case demonstrates the importance of eliminating ectopic pregnancy at any gestational age, with any form (single or twin).