# An Intrauterine Pregnancy in Disguise

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## Introduction

Mullerian Duct Anomalies are found in 1-5% of all women. They are variations from normal anatomy with potential reproductive consequences but most are asymptomatic. Due to their rarity, it can often be mistaken for an alternate diagnosis. Combined with expert imaging, the consideration of uterine anomalies may influence the diagnosis of pregnancy location and exclude interstitial ectopic pregnancy.

## Objective

To demonstrate the importance of considering uterine anomalies when suspicious of a cornual or interstitial ectopic pregnancy. This case additionally provides an opportunity to revise the range of uterine anomalies and their distinct differences.

## Case Study

A 34-year-old primigravida presented to the Womens' Assessment Service of a Tertiary Hospital at 12 weeks gestation with painless vaginal spotting. Physical examination was unremarkable and a bedside ultrasound could not identify an intrauterine pregnancy.

Her case proceeded as follows:
**Day 1**: ultrasound at external provider, diagnosed with suspected cornual ectopic, CRL 25mm, no FHR, bHCG 3677
**Day 2:** passed tissue per vagina, found to be acute inflamed and partly degenerate decidua.
Tertiary Centre ultrasound demonstrated irregular gestational sac within the right horn of a likely subseptate uterus.
Differential DX: Cornua Ectopic

CRL 16mm, no FHR. Ballooning of the right cornua but continuity of the endometrial cavity.

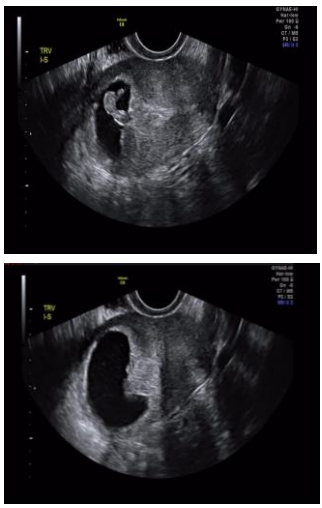

Figure 1: transverse ultrasound demonstrating pregnancy in the right horn of the uterus

**Day 3:** Diagnostic laparoscopy
Intra-operative Findings:

- Left sided corpus luteum
- Bulging of right cornua with sufficient overlying myometrium and serosa intact
- Eccentric intrauterine pregnancy
- Proceeded to have a dilation and curette under direct laparoscopic vision with no evidence of perforation.

**Day 4&5**: quantitative bHCG drop to 685.6. Confirmed products of conception on histopathology.

Discharged home.

- Quantitative bHCG negative 28 days later.

Follow up at 6 weeks with 3D ultrasound of the uterus. Found to have fundal myometrium protruding 11mm into the uterine cavity with a convex fundal contour.

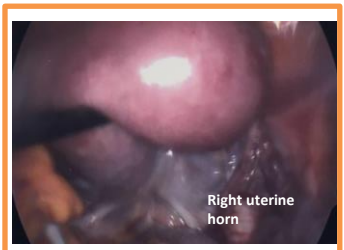



Figure 2: intraoperative pictures demonstrating buldging right cornua

Diagnosis made of : Arcuate uterus
No myometrial or endometrial abnormality.
Endometrial thickness 2.8cm

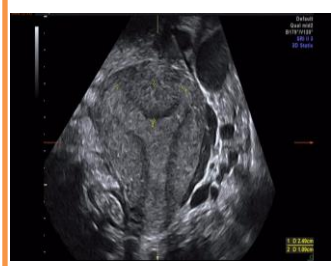

Figure 3: coronal section, 3D ultrasound of the uterus

## Conclusion

Consideration of a uterine anomaly is important when suspicious of a cornual or interstitial ectopic pregnancy.

In this patient, fetal demise was already present at presentation and identification of an arcuate uterus prior to treatment is unlikely to have affected management. However if this patient had a live pregnancy that was misdiagnosed as a cornual ectopic, termination may have occurred in the setting of a live intrauterine pregnancy.