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Title : Laparoscopic Wedge Resection in a Late Second Trimester Cornual Pregnancy

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Abstract

Cornual pregnancy is a rare form of ectopic pregnancy, which represents 2%–4% of all tubal pregnancies and occurs once in every 2500–5000 live births.[1] In some respects, cornual pregnancy resembles the interstitial type of tubal pregnancy. A distinguishing feature is the insertion of the round ligament, which is always lateral to the cornual pregnancy, and the sac is surrounded by myometrium.[2]

The risk factors for cornual and interstitial pregnancy are similar to those for ectopic pregnancy in general including pelvic inflammatory disease (PID), previous pelvic surgery, and the use of Artificial Reproductive Technique (ART).[3] Previous genital infections (PID, chlamydia, and gonorrhea), infertility, and a lifetime number of sexual partners >1 were associated with a mildly increased risk.[4] Transvaginal ultrasound can be done to diagnose cornual pregnancy. It is reported that ultrasound is able to establish the diagnosis in 71.4% of 32 women with a sensitivity of 80% and specificity of 99%.[5]

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Surgical management of cornual pregnancy offers definitive

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Abstract (upto 300 words)

Cornual pregnancy happens when implantation occurs in the cavity of a rudimentary horn of the uterus, which may or may not be communicating with the uterine cavity. The diagnosis of cornual pregnancy remains challenging, and rupture of a cornual pregnancy usually causes massive bleeding. Early diagnosis and treatment, therefore, are very crucial and key to prevent mortality. Historically, the management of cornual pregnancies included wedge resection through open surgery or even hysterectomy. In this case report, we would like to highlight a case of late second trimester cornual pregnancy, at 19-week and 3-day gestation, which was managed laparoscopically.

Keywords: Cornual pregnancy, laparoscopy, wedge resection

Biography (upto 150 words)

Dr. Wan Ahmad Hazim is the Head of the Department of Obstetrics & Gynaecology of Hospital Putrajaya. He is also the deputy head of service for the o&g fraternity in Ministry of Health Malaysia. He is solely responsible for establishing Putrajaya Hospital as the accredited training center

for minimally invasive surgery in the country. He is the President of Gynae Endoscopy Society of Malaysia (GESM), an affiliation of the Asia Pacific Association of Gynae Endoscopy (APAGE). He received his primary degree from Universiti Kebangsaan Malaysia and completed his Master Degree in Obstetrics in Gynecology from the same university in 1999. He started to learn operative laparoscopy back in the 1990s, and his long years of experience in laparoscopy have led him to successfully spearhead the initiation of Obstetrics & Gynaecology service and gynae-endoscopic unit in Hospital Putrajaya.

Since the inception of the MIS center in 2004, Dr. Wan Ahmad Hazim has been actively conducting and facilitating numerous seminars, conferences, and workshops at the hospital, State, and national levels. His effort has led hospital Putrajaya to be the leading minimally invasive center in the country. Until today he has trained numerous specialists and doctors in public and private sectors across the country minimally invasive gynecological surgery.

Of record, in Putrajaya Hospital, almost all extrauterine pregnancies were dealt with endoscopically, 70 percent of hysterectomy, 95 percent of cystectomies, and 60 percent of myomectomies were managed via endoscopic procedures.

Dr. Wan Ahmad Hazim has also embarked on minimally invasive gynae-oncology surgery for cervical, endometrial, and early ovarian tumors.

Dr. Wan Ahmad Hazim has co-authored and contributed many research and publications in minimally invasive surgery locally and internationally on research and publication. He is also spearheading the development of an accredited training program and modules for fellowship in gynae-endoscopy for aspiring gynecologists in Malaysia.

Recent publication: (Minimum 4)

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