We report a case of a 32-year-old woman, gravida 6 para 3, with a history of 2 previous miscarriages. She presented with a pelvic pain to our emergency department. She was hemodynamically stable with a $\beta$-human chorionic gonadotropin serum level of 26 342 IU/L. Ultrasound was suspicious for an interstitial pregnancy (Fig. 1). After patient consent, surgical management was decided considering her obstetric history. She underwent an explorative laparoscopy; a nonruptured left cornual pregnancy was found (Fig. 2). Temporary bilateral uterine artery ligation was performed to avoid intraoperative blood loss (Fig. 3). Titanium clips were used for uterine artery occlusion at the beginning of the procedure. The patient underwent a laparoscopic cornual pregnancy removal with ipsilateral salpingectomy.

Cornual pregnancy is a rare form of ectopic pregnancy implanted in the intrauterine portion of the fallopian tube. Surgical management is challenging because of intraoperative bleeding risk [1]. Laparoscopic resection with temporary bilateral uterine artery occlusion could be efficient and safe [2].
References
