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A Rare Case Presentation Of Pregnancy In Uterine Non Communicating Rudimentary Horn

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Abstract

Mullerian anomalies are rare developmental anomalies of the female reproductive tract. Among those anomalies unicornuate uterus with non communicating rudimentary horn classified under ASRM (AFS) Class IIab. It results due to incomplete development of one of the Mullerian ducts and an incomplete fusion with the contralateral side. Incidence of pregnancy in a rudimentary horn is rare and is reported to be 1 in 100,000 to 150,000 pregnancies. Here we are presenting a referred case of 24yr old G2A1 with 26 weeks gestational age with complaints of pain abdomen associated with vomitings since 2 days. Following clinical examination and investigative workup emergency laparotomy was done in view of high suspicion of uterine rupture.On laparotomy findings of uterine rupture were confirmed and managed accordingly. So this type of rare and fatal presentation in pregnancy can lead to maternal death if not managed with caution.

Keywords: Unicornuate uterus, non communicating rudimentary horn, Mullerian duct, laparotomy,

Introduction

Unicornuate uterus with a rudimentary non communicating horn is rare Mullerian anamoly that has high incidence of obstetric complications. Incidence ranging between 1 in 1,00,000- 1,50,000 pregnancies.Pregnancy in non communicating rudimentary horn is possible by transperitoneal migration of sperm or fertilised ovum. The risk of uterine rupture is 50-90% with most ruptures occurring by the end of the 2 nd trimester.

Casereport:

A 24year old G2A1 pregnant woman with 26weeks gestation was referred to our hospital in view of ?appendicular rupture with complaints of pain abdomen associated with vomitings since 2 days.

1. On examination, patient was in hypovolemic shock with severe pallor, hypotension, and tachycardia. The abdomen was tense with diffuse tenderness, uterine size couldn't be made out.
2. On bimanual examination, cervix uneffaced, os closed with fullness in pouch of douglas. There was no bleeding through the cervical os at the time of examination.

Investigations :

1. On Emergency transabdominal ultrasonography revealed a single live intrauterine gestation of 26 weeks with scanty liquor and complete placenta previa and moderate hemoperitoneum in abdomen.

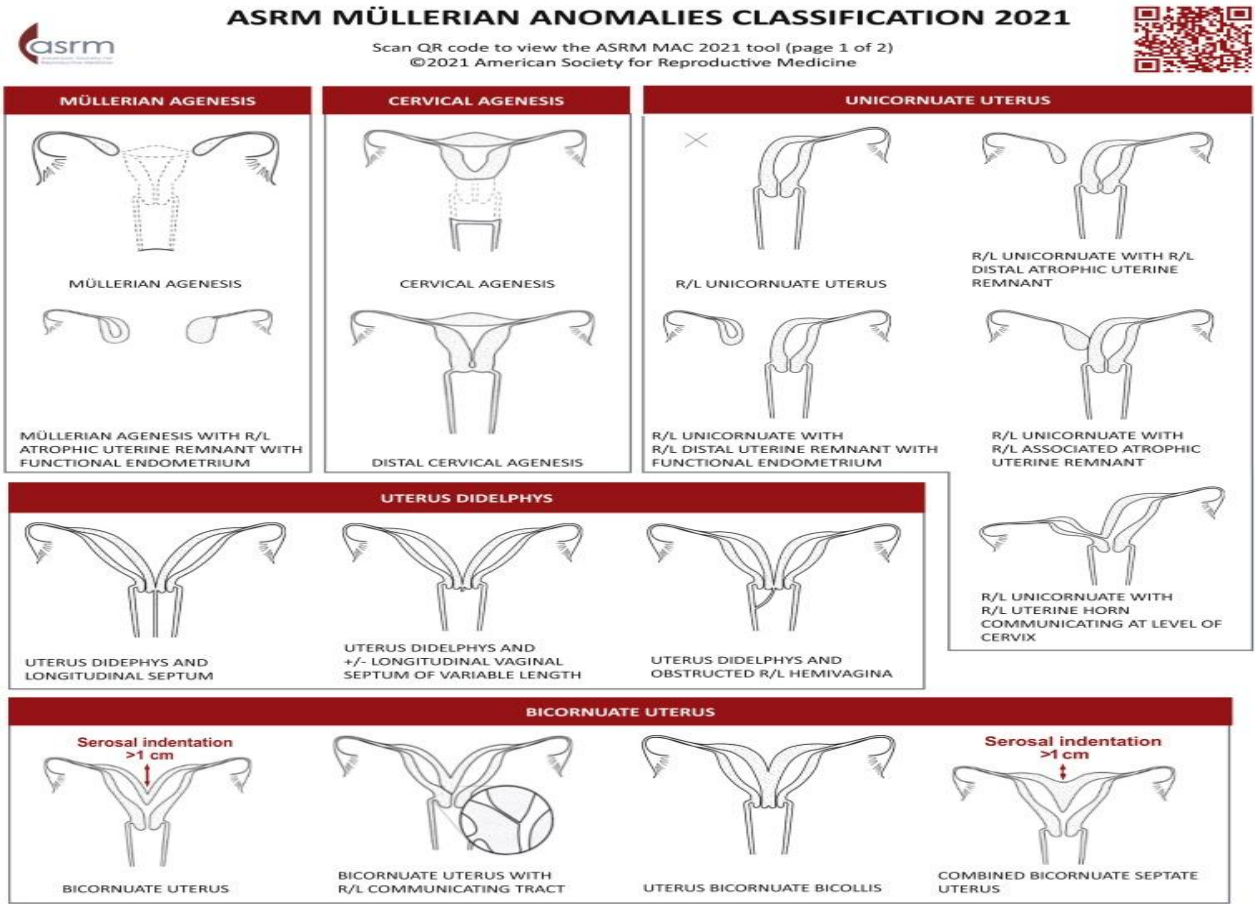
2. Her haemoglobin was 6g/dl,platelet count 1,70,000,WBCs 11,000. In view of high index of suspicion of a rupture uterus, an urgent exploratory laparotomy through a pfanensteil incision was performed under general anaesthesia.

Operative Findings :

Intraoperatively, 3L of hemoperitoneum with 300 gm of clots seen. A 20*20cm size non communicating left horn with baby and placenta insitu with small perforation seen on posterior surface of the horn. The rent was extended and a 500gm live baby delivered. Placenta was adherent to the posterior surface of horn and couldn't be extracted completely. Resection of left horn with left salpingectomy done.

4U of whole blood,4U of FFPs and 2U of patelets were transfused intraoperatively.

Postoperative vitals were stable, rest of the hospital stay was uneventful and patient was discharged on day 8 .



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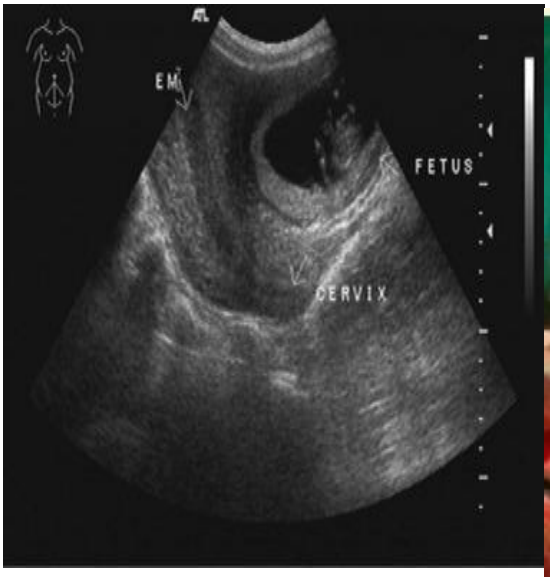

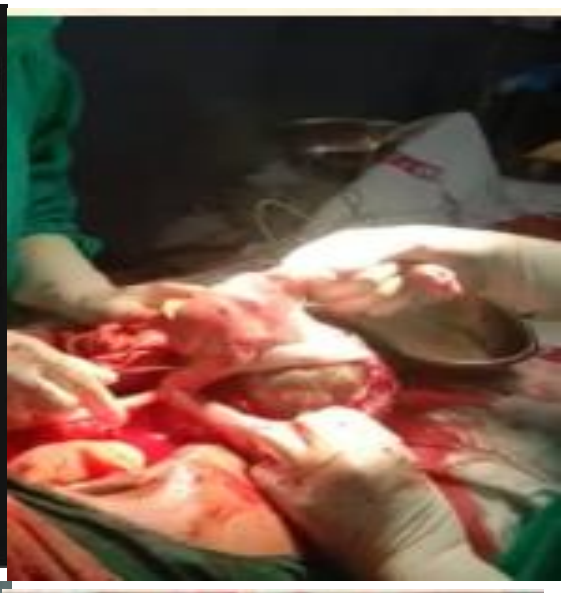

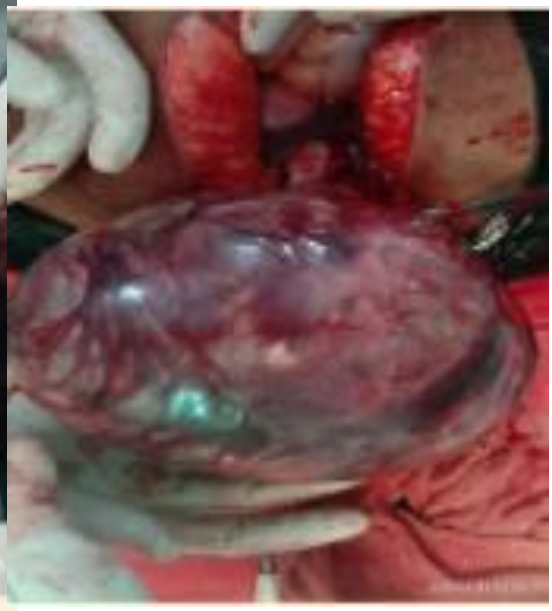

Discussion :

The first case of rupture of rudimentary horn during pregnancy was reported in 1669 by Mauriceau.

The prerupture diagnosis of pregnancy in rudimentary horn has drastically reduced the maternal mortality.

But the sensitivity of ultrasound to detect rudimentary horn pregnancy is very poor probably because of rarity of the diagnosis of this potentially lethal condition.

The thick muscular wall and high vascularity of the rudimentary horn results in life threatening haemorrhage and disastrous consequences if rupture occurs.

Ruptured uterus with hemoperitoneum is an obstetric emergency requiring timely resuscitation, laparoscopic excision of rudimentary horn and blood transfusion to save the patient.

Despite of recent advances in diagnostic modalities the diagnosis of rudimentary horn remains illusive.

Conclusion

This case is reported to draw attention to this rare but potentially fatal presentation of rudimentary horn

pregnancy if diagnosed and treated early could avoid grave mortality and morbidity to pregnant women.

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