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Case Report

Unruptured pregnancy in non-communicating rudimentary horn of uterus: a case report

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ABSTRACT

Pregnancy in a non-communicating rudimentary horn of a uterus is rare. It's incidence is 1 in 76,000 pregnancies. It is treated as an ectopic pregnancy. Most of the times it is diagnosed after rupture in the late 2nd trimester. Here we present a case, where diagnosis is made prior to the rupture

Keywords: Non-communicating rudimentary horn, Unruptured

INTRODUCTION

The incidence of uterine malformations is estimated to be 3-5% of the general population. A unicornuate uterus is one which has a single horn. Approximately 65% of women with a unicornuate uterus also have a second small rudimentary horn, which is having a functioning endometrium but is isolated or non-communicating. Pregnancy can occur in a non-communicating arm by transperitoneal migration of the fertilized ovum from the contralateral side.¹ This is rare and occurs in 1:76,000 pregnancies and is treated as an ectopic pregnancy.² Uterine rupture occurs in 89% of the cases by the end of the second trimester. Diagnosis prior to rupture is unusual and requires high index of suspicion. We present a rare case of an unruptured pregnancy in the non-communicating rudimentary horn of uterus.

CASE REPORT

A 26 year old lady married for 10 years G₄P₁₊₂L₁ with previous caesarean section at 4 $\frac{1}{2}$ months of amenorrhoea presented to us with complaints of painless spotting per vaginum. Her previous caesarean section was for breech presentation and she had previous two spontaneous first

trimester abortions. Her vitals were stable. On perabdominal examination-Previous vertical scar of previous section was seen and uterus was enlarged to 18 weeks size with no scar tenderness and with external ballotment present. Per speculum examination revealed minimal blood mixed discharge. On pervaginum examination os was closed.

USG revealed a 17 weeks intrauterine fetal demise with no signs of rupture of previous uterine scar. A decision for termination of pregnancy was taken by intracervical Foley's catheter insertion. During the USG guided procedure, there was considerable difficulty in inserting the catheter and also inflating the balloon. Therefore, the procedure was abandoned and decision of laparotomy was taken keeping in mind the possibility of pregnancy in rudimentary horn of uterus. Intraoperative findings revealed the pregnancy in the right unruptured rudimentary horn of uterus. The right round ligament, fallopian tube and ovarian ligament were attached to the lateral aspect of this mass. Resection of this rudimentary horn along with right tube and ovary was done since both were closely attached to this mass. The postoperative period was uneventful and patient was discharged on the tenth post operative day after suture removal.

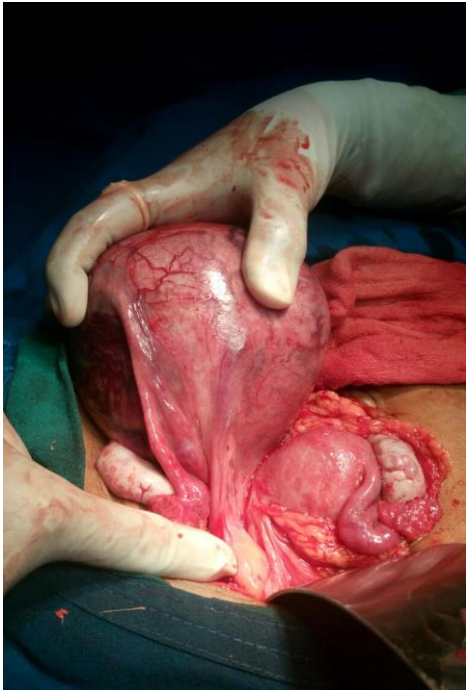


Figure 1: Intraoperative findings showing pregnancy in non-communicating, rudimentary horn of the uterus on right side and showing attachment of ovarian ligament, round ligament and fallopian tube on rudimentary horn

DISCUSSION

Pregnancy in a non-communicating rudimentary horn of unicornuate uterus is rare and treated as an ectopic pregnancy because most of the times it ruptures in 2nd trimester with disastrous consequences.³ Diagnosis prior to rupture is rare and can be made by USG or MRI. Tsafirir et al outlined a set of criteria for diagnosing pregnancy in rudimentary horn.⁴ They are:

1. A pseudopattern of asymmetric bicornuate uterus.

2. Absent visual continuity tissue surrounding the gestation sac and uterine cervix.
3. Presence of myometrial tissue surrounding gestational sac.

In our case, USG was unable to diagnose the condition but a high index of clinical suspicion namely previous caesarean section for breech presentation which pointed towards uterine malformation and inability to instill the foley's catheter freely into uterine cavity, were helpful in diagnosing the condition before the disastrous occurrence of rupture and shock.

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Ethical approval: Not required

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