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Case Report

Rupture of non-communicating horn of a bicornuate uterus

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ABSTRACT

A primigravida at 20 weeks GA was referred as a case of bleeding P/V with an USG report showing intra-uterine foetal demise. Accordingly we induce her with misoprostol followed by ethacrydine lactate but there was no progress. On repeat USG here we saw there was rupture of a horn of uterus with abortus free in peritoneal cavity. On laparotomy there was 1 litre of hemoperitoneum with abortus lying free inside. There was rupture of a non-commnicating horn of a bicornuate uterus which was excised and uterine wall repaired.

Keywords: Non-communicating horn, Bicornuate uterus

INTRODUCTION

Pregnancy in a rudimentary horn of a bicornuate uterus is rare.[1] An incidence of 1 in 76000-140000 pregnancies is reported in the literature.[2] Rudimentary horn may be communicating or non-communicating with the uterine cavity. There is no communication between the two cavities in 75% to 90% of the cases and the incidence of pregnancy in non-communicating horn is high as 83% with incidence of uterine rupture observed in 90%[3] of cases mostly in second trimester as was observed in our case.

CASE REPORT

A 24-year-old primigravida came to labour room with c/o bleeding p/v for last one day with an USG report showing an intrauterine missed abortion of average gestational age 18weeks.

O/E Pallor-mild, PR-92/min, BP-114/70mmHg; P/A-soft, uterus 16-18weeks; P/V- cervix long and os closed.

Accordingly tablet misoprost 50 µg was given in posterior fornix repeating the same dose every 4 hourly for 4doses planning to expel the abortus but there was no result. So we plan to give ethacrydine lactate extra-amniotic instillation.

After 48 hours of ethacrydine lactate instillation still the abortus was not expelled, so suspecting any uterine anomaly we did another USG in our department which showed there was rupture of a horn of bicornuate uterus with abortus lying in abdominal cavity.

Accordingly we planned for laparotomy immediately.

On opening abdomen, there was hemoperitoneum of about 1.5 L of blood along with clots which was drained. There was rupture of left sided horn with a normal size uterus with bilateral tubes & ovaries attached to the normal uterus (Figure 1).

The horn was non-communicating type which was excised completely and lateral wall of uterus repaired (Figure 2).

Abortus was lying free in abdominal cavity which was removed (Figure 3).

Pt. received 2 units blood transfusion and discharged on 7th post-op day.

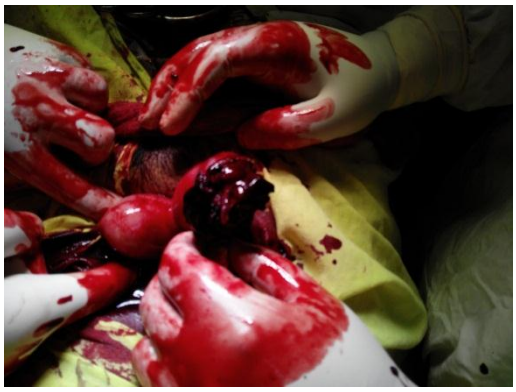

Figure 1: On opening abdomen, there was hemoperitoneum of about 1.5 L of blood along with clots which was drained.

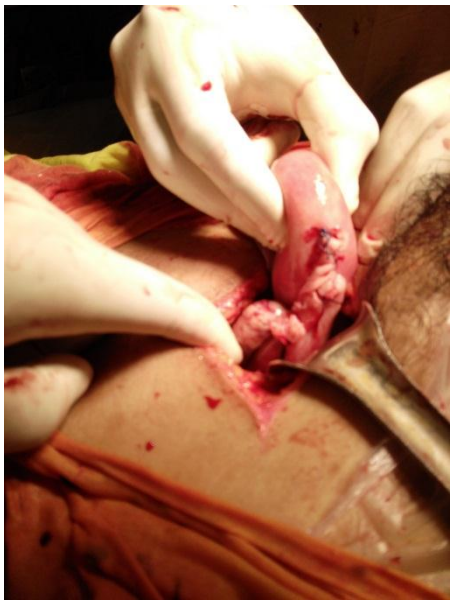

Figure 2: The horn was non-communicating type which was excited completely and lateral wall of uterus repaired.

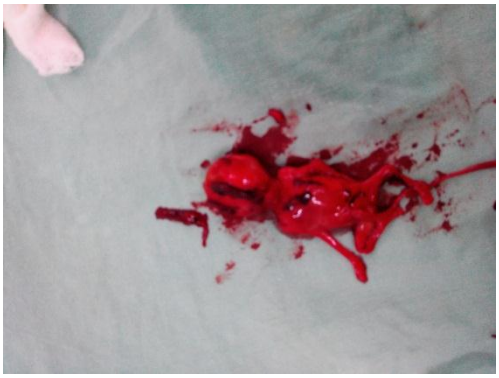

Figure 3: Abortus was lying free in abdominal cavity which was removed.

DISCUSSION

Any patient in the first and early second trimester of pregnancy who comes with missed abortion with a gestational age more than 12 weeks not responding to conventional methods for expulsion should be ruled out for uterine anomalies. High index of suspicion is the only thing which will prevail in the scenario of rising litigation.

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Ethical approval: Not required

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