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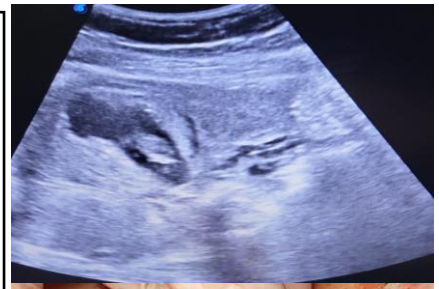
Title: RUDIMENTARY HORN ECTOPIC PREGNANCY IN A UNICORNUATE UTERUS: A RARE CASE REPORT

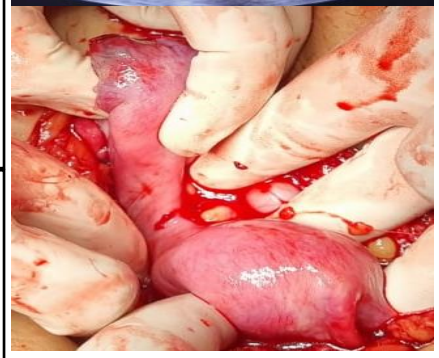
INTRODUCTION

Pregnancy occurring in rudimentary horn of an unicornuate uterus is very rare. The overall prevalence is 1 in 76000 pregnancies. The horn does not communicate with the uterine cavity. The impregnation is presumed to occur by trans-peritoneal sperm migration through the normal half of the uterus and fallopian tube to the other side fallopian tube connected to the rudimentary horn. Termination is by rupture which can create massive life threatening hemorrhage.

OBJECTIVES

To review the literature on the etiology, risk factors, diagnosis and treatment of rudimentary horn ectopic pregnancy of a unicornuate uterus and present a clinical case.



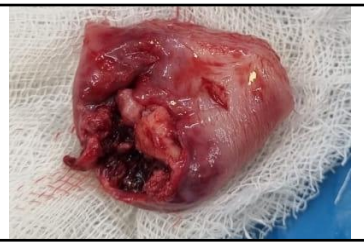


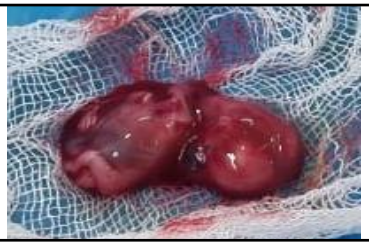
CASE REPORT

A 21 year female patient G2A1 presented to the labor room of MKCG MCH Berhampur with complain of pain abdomen, weakness and dizziness since 5 hrs. Her gestational age was 10 weeks 2 days. On examination, the patient was alert, oriented and in state of severe abdominal pain. The patient's abdomen was distended with guarding rigidity. Pelvic examination showed cervical motion tenderness with fullness in right fornix. Investigations were done, Hb- 5gm%. A TAS was performed which showed massive pelvic collection with normal uterine cavity. A diagnosis of ruptured ectopic was made and emergency laparotomy was performed after arranging one unit PRBC. Massive hemoperitoneum of around 1500ml was present. An embryo with gestational sac present attached to Right Ruptured rudimentary horn of unicornuate uterus. Horn (size 3*2 cm) resection with ipsilateral salpingectomy was done. Bilateral ovaries and left fallopian tube were normal. Post op vitals were stable and another 2 units of blood was transfused.

DISCUSSION

Uterine anomalies result from the failure of complete fusion of the mullerian ducts during embryogenesis. A unicornuate uterus with a rudimentary horn is the rarest anomaly and usually results from the failure of one of the Mullerian ducts to develop completely and an incomplete fusion with the contralateral side. Transvaginal ultrasound is the gold standard for imaging both uterine and adnexal pathology. Upon diagnosis, the standard treatment consists of immediate excision of the rudimentary horn and the ipsilateral fallopian tube due to the high risk of rupture.





CONCLUSION

Diagnosis of rudimentary horn ectopic pregnancy is difficult clinically, even with new imaging modalities. Early diagnosis of a rudimentary horn pregnancy with immediate surgery is the key to successful management.

REFERENCES

- A Tsafrir, N Rojansky, HY Sela, JM Gomori, M. NadjariRudimentary horn pregnancy: J Ultrasound Med, 24 (2) (2005), pp. 219-223
- PK. Heinonen,Unicornuate uterus and rudimentary horn .Fertil Steril, 68 (2) (1997), pp. 224-230