

Title: UNICORNUATE UTERUS WITH RUDIMENTARY HORN : CHALLENGES AND MANAGEMENT OF A RARE PREGNANCY.



INTRODUCTION

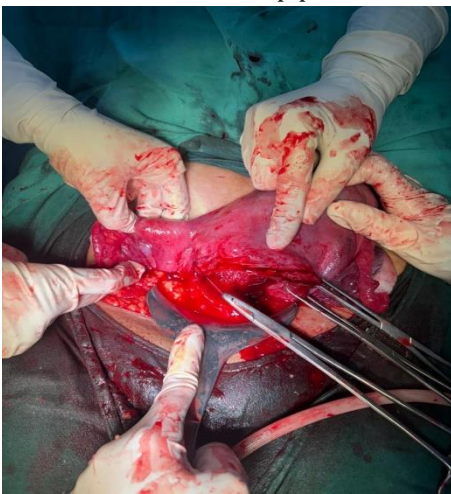
Congenital uterine malformation occurs in approximately 0.4% to 10% of the general population, 2% to 8% of women experiencing infertility, and 5% to 30% of women with a history of miscarriage. A unicornuate uterus with a rudimentary horn is an anomaly caused by the incomplete fusion of one of the paired Mullerian ducts. This condition may involve the presence of an underdeveloped or rudimentary horn, with the uterus possibly having communication and an endometrium-lined cavity.

AIMS AND OBJECTIVES

- 1] To emphasize the rarity of pregnancy in a unicornuate uterus with a rudimentary horn
- 2] to increase awareness among health professionals about the challenges associated with diagnosing and managing such cases particularly due to the risk – life threatening complications like uterine rupture
- 3] To discuss the unique challenges encountered during the management of pregnancy in a rudimentary horn , including surgical and non surgical approaches

CASE OPERATION PROCEDURE

. A 29 year G2A1 with breech presentation admitted with premature rupture of membrane at period of amenorrhea of 39 week. She experienced an uneventful pregnancy throughout her three trimesters and received regular prenatal care. Due to her arrival in the emergency department with premature rupture of membranes and fetal bradycardia, an emergency cesarean section was immediately arranged. Upon inspection, the uterus was identified as unicornuate with a well vascularized non communicating rudimentary horn. Horn was located on right side and measured approximately 5*6 cm. Cesarean section proceeded and the patient was discharged after the routine 48-hour postoperative clinical follow up period.



DISCUSSION

Our case report presents an exceptional case of pregnancy in a unicornuate uterus with a non-communicating rudimentary horn. A non-communicating rudimentary horn adds to the case's complexity, as it signifies a complete absence of connection between the rudimentary horn and the main uterine cavity. Fetal growth restriction and preterm labor are frequently encountered in pregnancies with a unicornuate uterus . These risks are attributed to the limited uterine expansion capacity and the developing fetus' altered blood supply. Ultrasound is the first-line modality;. MRI is the gold standard for confirming the diagnosis, providing detailed anatomical information on uterine anomalies. The high risk of uterine rupture and catastrophic hemorrhage necessitates early surgical intervention. Surgical excision of the rudimentary horn is the treatment of choice, as it prevents recurrence of pregnancy and reduces long-term complications. Regular antenatal visits allow for the detection of any potential complications and the implementation of timely interventions.

Counseling plays a pivotal role in the management of unicornuate pregnancies. Patients need to be informed about the potential risks associated with this condition, including the increased likelihood of adverse obstetric outcomes. They should also be educated about the importance of spacing pregnancies and employing effective contraception methods to optimize their reproductive health and minimize the potential risks of subsequent pregnancies . In our case, the patient was counseled on contraception use for at least six month .

CONCLUSION

This case underscores the rarity and complexity of pregnancy in a unicornuate uterus with a rudimentary horn. Early diagnosis through advanced imaging and prompt intervention are crucial to preventing life-threatening complications such as uterine rupture. By presenting this case, we highlight the importance of heightened clinical suspicion and thorough evaluation in patients with suspected uterine anomalies, especially in the context of pregnancy. Advanced imaging techniques and a multidisciplinary approach, are essential to ensuring patient safety and improving clinical outcomes.

REFERENCES

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