



OBJECTIVES

Rudimentary horn ectopic pregnancy is a rare but life-threatening complication of a pregnancy in a unicornuate uterus, associated with substantial diagnostic complexity. We present a case of successful laparoscopic management, highlighting the essential role of transvaginal ultrasound and fertility-sparing surgery in managing Müllerian developmental abnormalities.



CASE HISTORY

33-year-old nulligravid woman presented with a positive pregnancy test and mild lower abdominal discomfort.



Transvaginal ultrasound (TVS) demonstrated no intrauterine gestation but revealed a unicornuate uterus with non-communicating rudimentary horn (ESHRE/ESGE U4a), exhibiting trophoblastic activity with heterogeneous endometrial appearance.



Serum hCG was markedly elevated at 112,054 IU/L with progesterone 87 nmol/L.



Diagnostic laparoscopy confirmed a distended left rudimentary horn (4x5 cm) containing an ectopic pregnancy, connected to the main body of the uterus via a vascular pedicle.

Image 1. Transvaginal ultrasound image of
● the uterine body, and ■ the rudimentary horn with trophoblastic reaction.

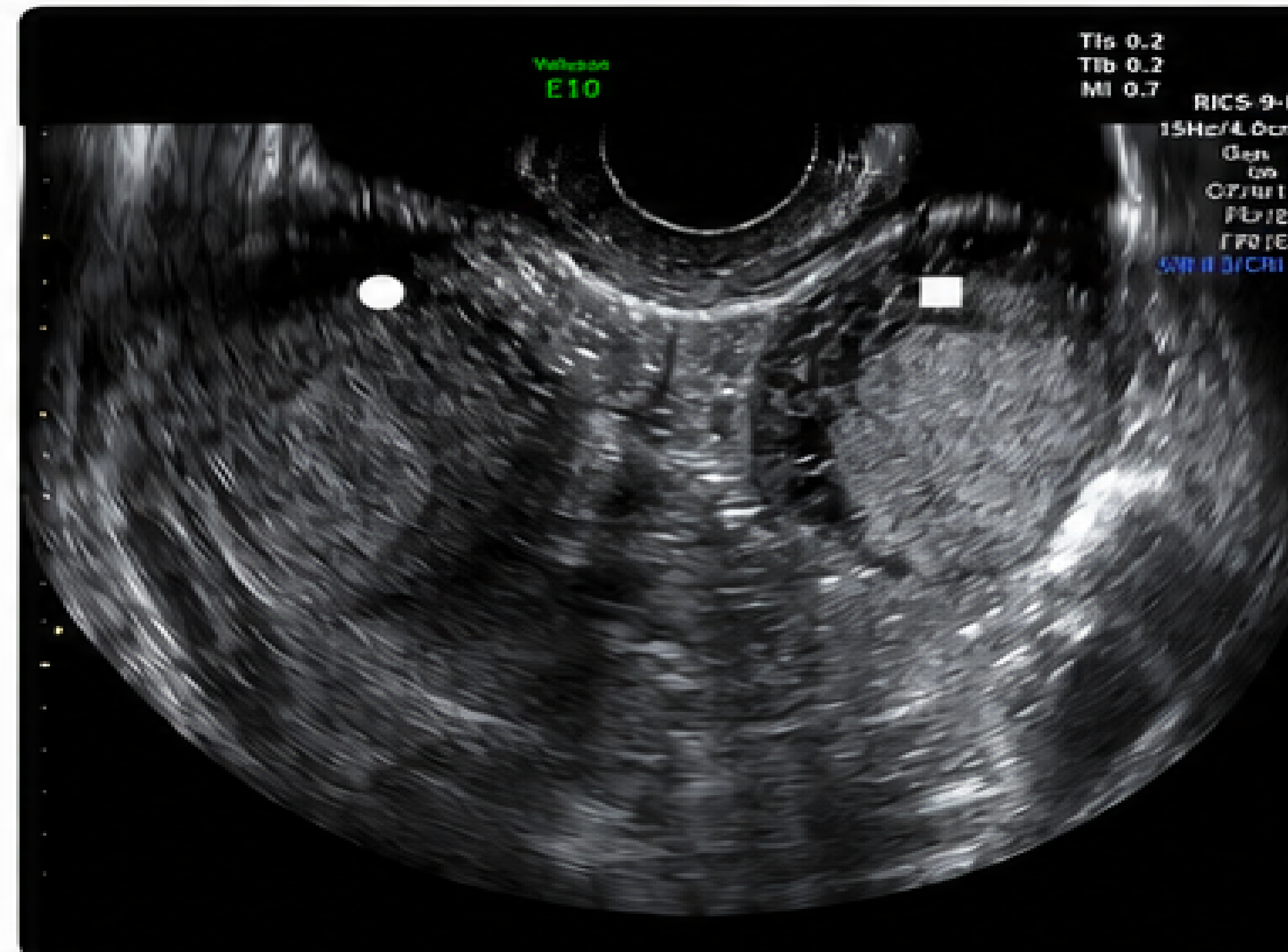
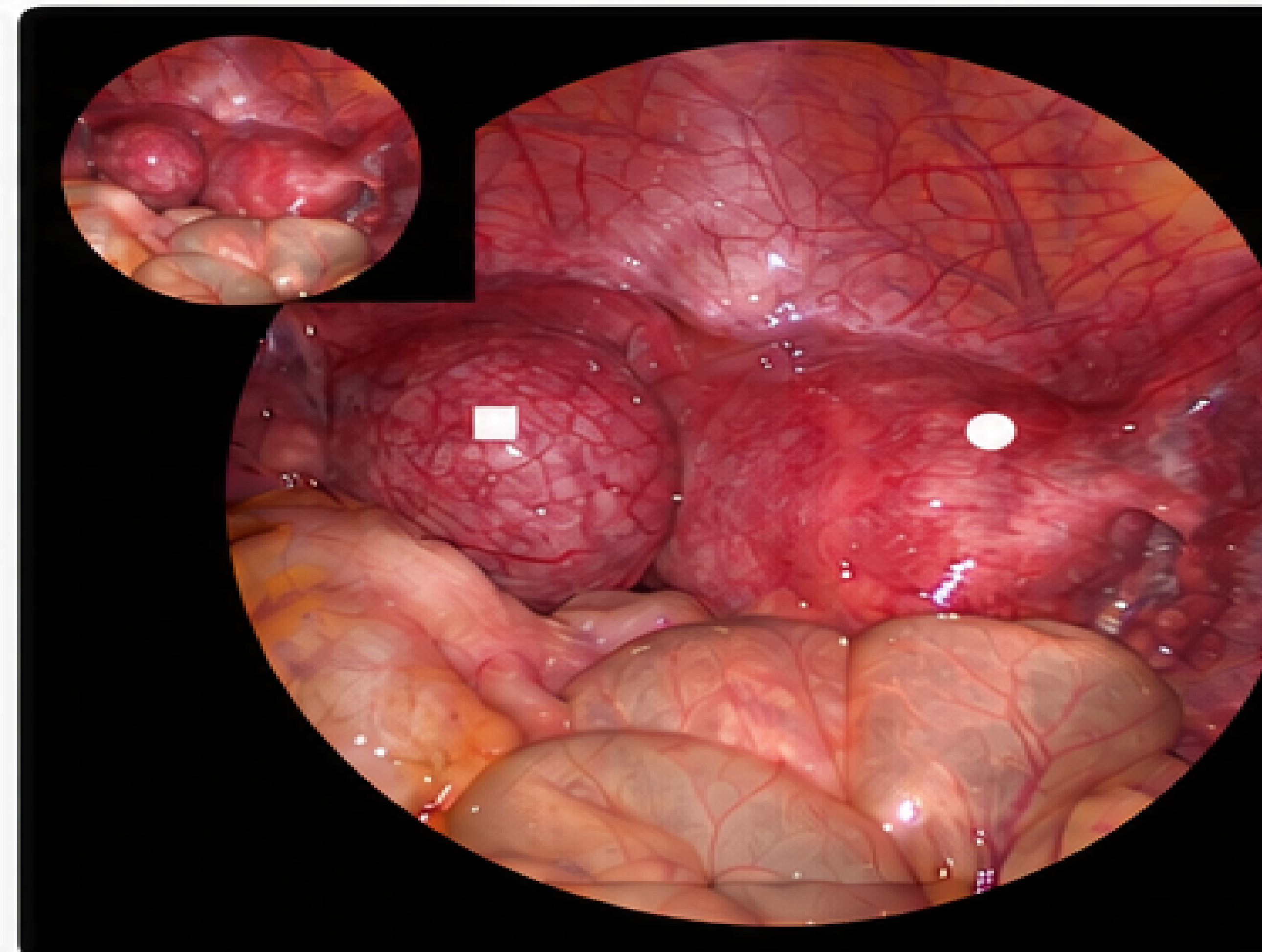


Image 2. Laparoscopic view of
● the uterine body, and ■ the rudimentary horn.



KEY SONOGRAPHIC AND CLINICAL LEARNING POINTS



TVS is pivotal in the diagnosis of rudimentary horn ectopic pregnancy.



Look for a unicornuate uterus with a non-communicating rudimentary horn (ESHRE/ESGE U4a).



High hCG levels and heterogeneous endometrial appearance in the rudimentary horn raise suspicion.



Laparoscopic excision is the treatment of choice, allowing fertility preservation and rapid recovery.



Early recognition and prompt surgical intervention prevent catastrophic outcomes.



MANAGEMENT

Laparoscopic excision of the rudimentary horn and ipsilateral salpingectomy was performed using harmonic scissors with polyglactin suture haemostasis.



Estimated blood loss: < 100 ml



Operative time: < 30 minutes



Same-day discharge



Uncomplicated postoperative recovery



DISCUSSION

- The likely mechanism involved transperitoneal gamete or zygote migration.
- TVS provided essential diagnostic information in evaluating complex uterine malformations.
- Prompt laparoscopic rudimentary horn excision represents definitive management whilst preserving future fertility.
- Heightened clinical awareness is warranted in all patients with known uterine anomalies presenting with a positive pregnancy test.



CONCLUSION

Minimally invasive laparoscopic surgery delivers optimal outcomes in rudimentary horn ectopic pregnancy, with expedited recovery and reproductive preservation. Early sonographic recognition and prompt surgical intervention are key to preventing catastrophic complications.