

PREGNANCY IN THE RUDIMENTARY HORN: A CASE REPORT

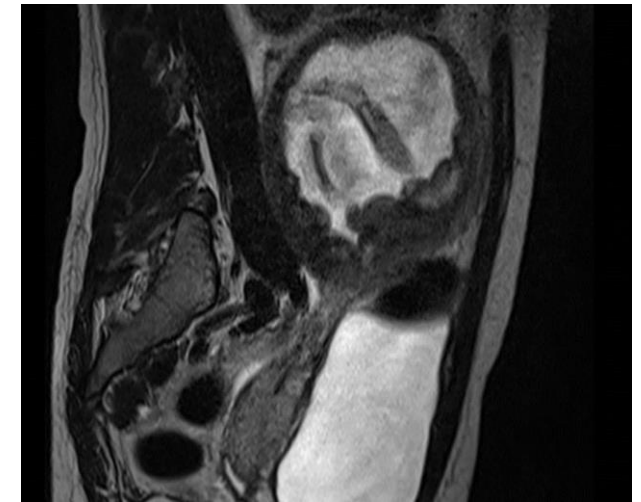
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Objective

Pregnancy in the rudimentary horn of the uterus may be difficult to diagnose particularly so, late in pregnancy. Here we present a case of a primigravid lady at 27 weeks of pregnancy with IUFD confirmed on imaging. A suspicion of uterine anomalies was raised after a trial of labour failed. This case is presented to emphasize the importance of early detailed ultrasonography as well as a detailed clinical examination.

Case Report

A 26 year old lady was admitted to our centre at 27 weeks of gestation. She was referred with a diagnosis of intrauterine fetal demise. A decision was taken to induce labour with misoprostol. However, there being no response, a detailed USG was done which revealed a unicornuate uterus with the pregnancy in the non-communicating rudimentary horn. An MRI confirmed it. There were no renal anomalies. Laparotomy was done with a midline vertical incision. The rudimentary horn along with the fetus that weighed 460 gm and the attached fallopian tube was excised.



Discussion

Typically with a pregnancy in the rudimentary horn, rupture of the horn occurs between 10 and 20 weeks of pregnancy. Early diagnosis is essential to facilitate early treatment. Pelvic examination may aid in the diagnosis if a normal sized uterus is deviated to one side in the presence of an adnexal mass. Ultrasonography is not a very sensitive diagnostic tool to begin with and its sensitivity further reduces with advancing pregnancy as the growing pregnancy obscures the adjacent structures emphasizing the importance of an early ultrasound. MRI has been a useful tool for diagnosis too.

Conclusion

As continuation of pregnancy in a rudimentary horn can result in catastrophic complications like rupture of the horn, it is vital that an early diagnosis is made. Treatment essentially is surgery (laparotomy/laparoscopy) followed by excision of the horn. A thorough clinical examination as well as a routine 1st trimester detailed ultrasonography offers the best opportunity to evaluate uterine anatomy.