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Introduction

Pregnancy in a non-communicating uterine horn (NCUH) is extremely rare with an incidence of 1:100,000- 1:140,000.

Torsion is even rarer – Only a few cases reported thus far

Diagnosis with ultrasound (US) can be challenging

We present a case of pregnancy in the non-communicating horn with complete torsion of the gravid horn and ipsilateral adnexa, which was definitively diagnosed and successfully managed laparoscopically, despite initial mis-diagnosis.

Case Report

An 18 years old primigravida presented to A&E with right sided abdominal pain at 17 weeks gestation ; Observations, blood & urine investigations : normal

US confirmed fetal demise on the background of a dating scan which suggested a bicornuate uterus with pregnancy in the right horn (Figure 1)

Medical management of miscarriage was commenced and despite two full cycles of mifepristone/misoprostol, no cervical change was observed

Pyrexia and raised inflammatory markers suggested potential sepsis and surgical management under US guidance was suggested.

Intraoperative ultrasound revealed that the pregnancy was separate from the uterus.

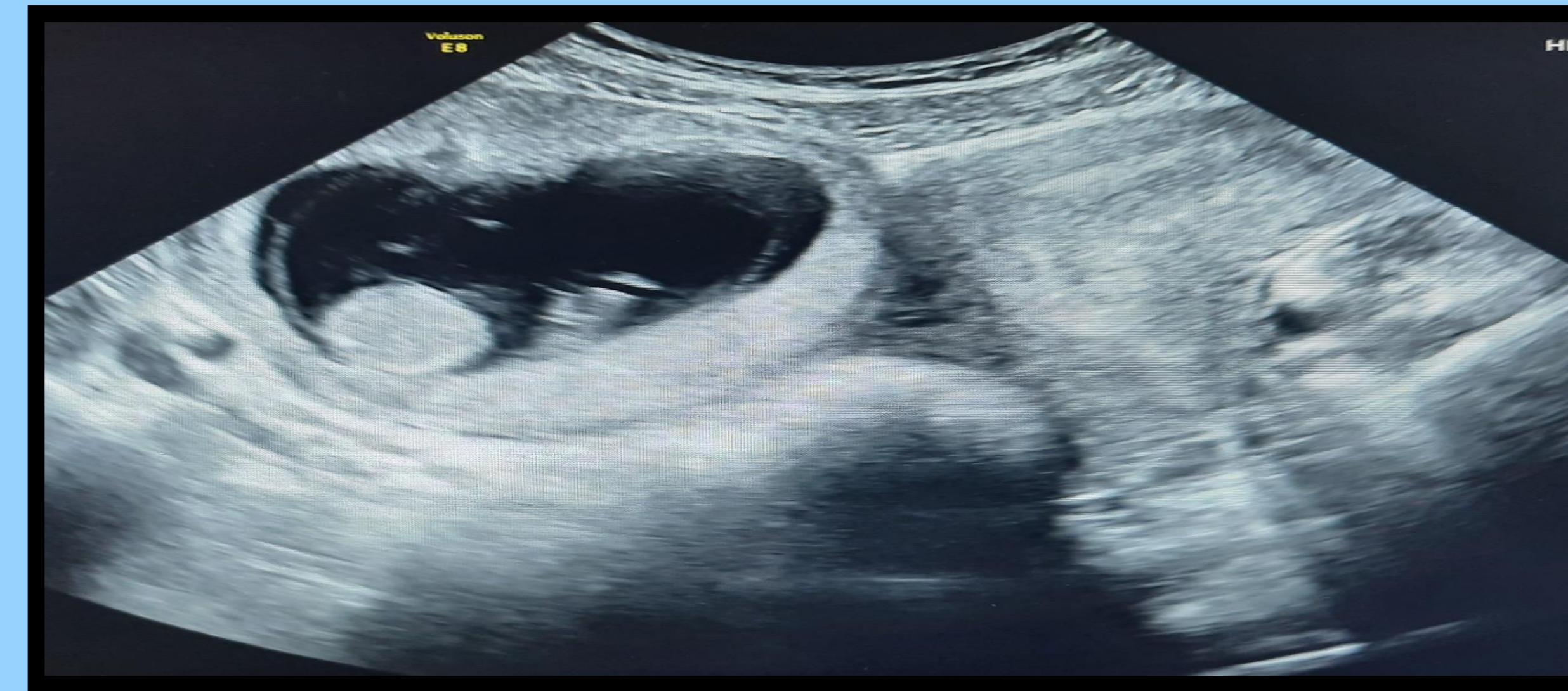


Figure 1 US suggesting a bicornuate uterus with the pregnancy situated in the right horn

Operative findings

Pregnancy sac completely separate from the unicornuate uterus and a normal left tube/ovary (Figure 2)

Torted right NCUH pregnancy (Figure 3)

Laparoscopic excision of the pregnancy and right adnexa was performed with minimal blood loss.(Figure 4)

The patient recovered well and was discharged the following day.

Histology confirmed a pregnancy sac with surrounding endometrium and myometrium (Figure 5).



Figure 2 Pregnancy sac completely separate from the unicornuate uterus and a normal left tube/ovary

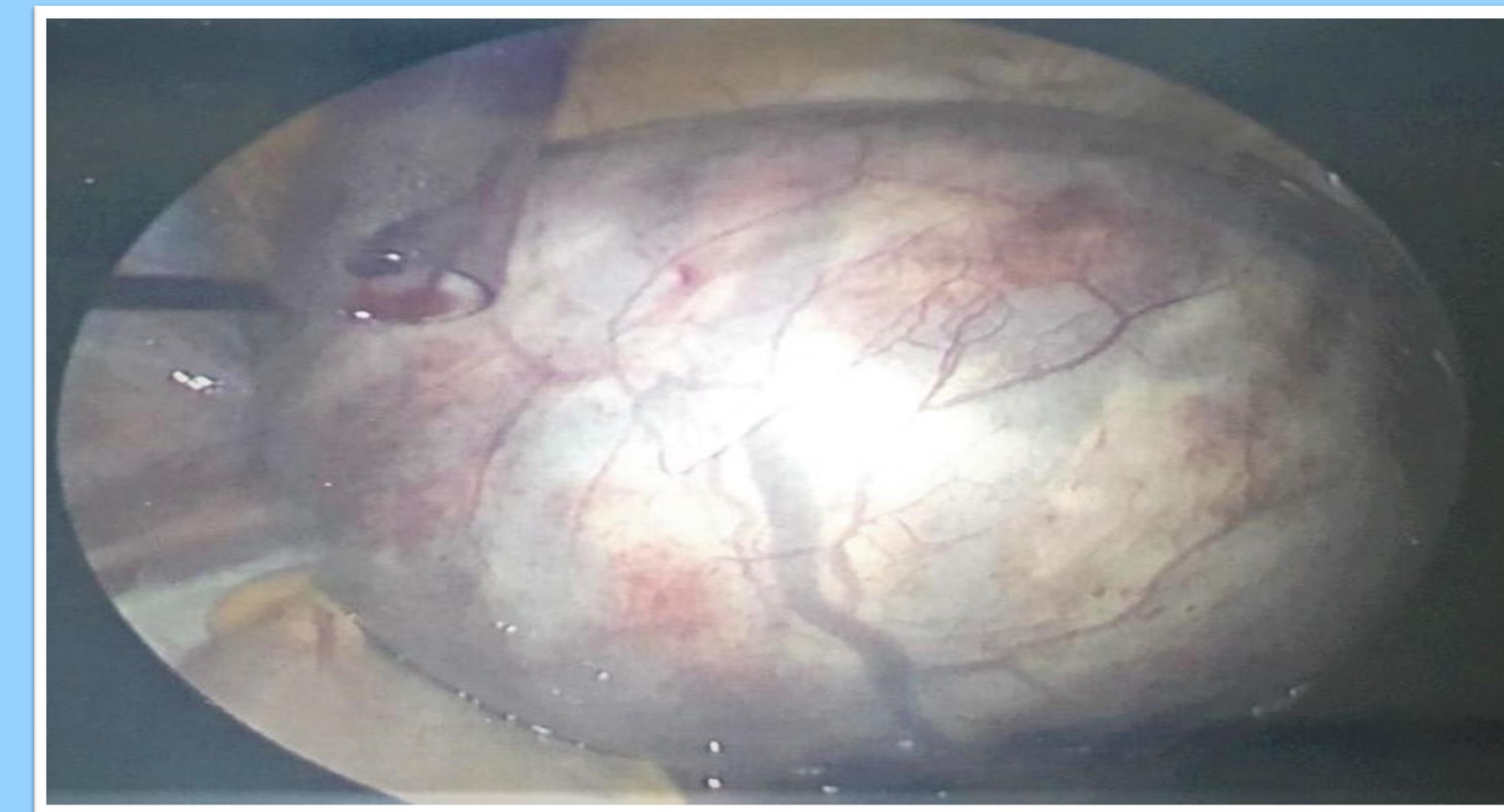


Figure 3 Torted Right NCUH pregnancy

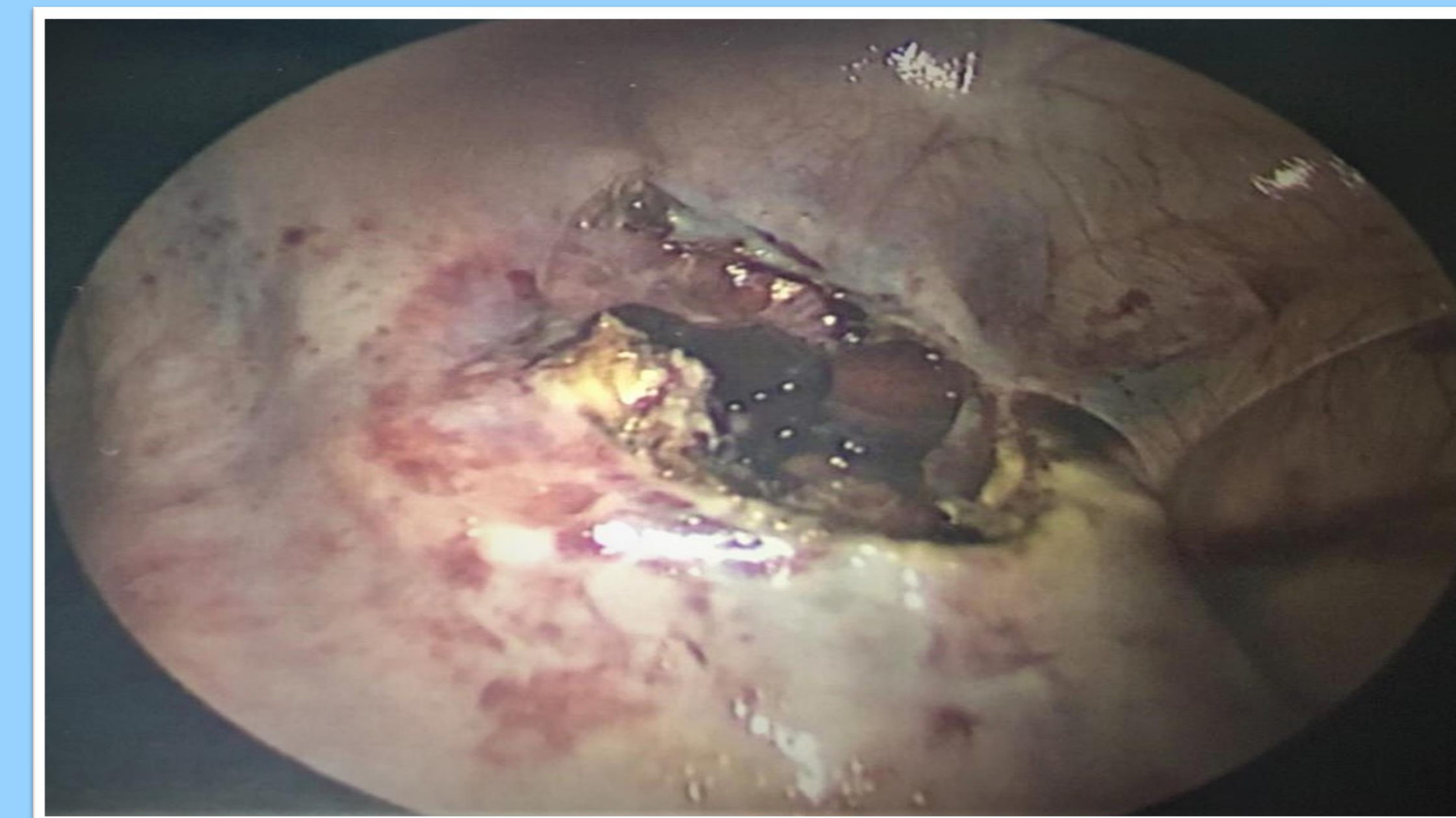


Figure 4 Post excision

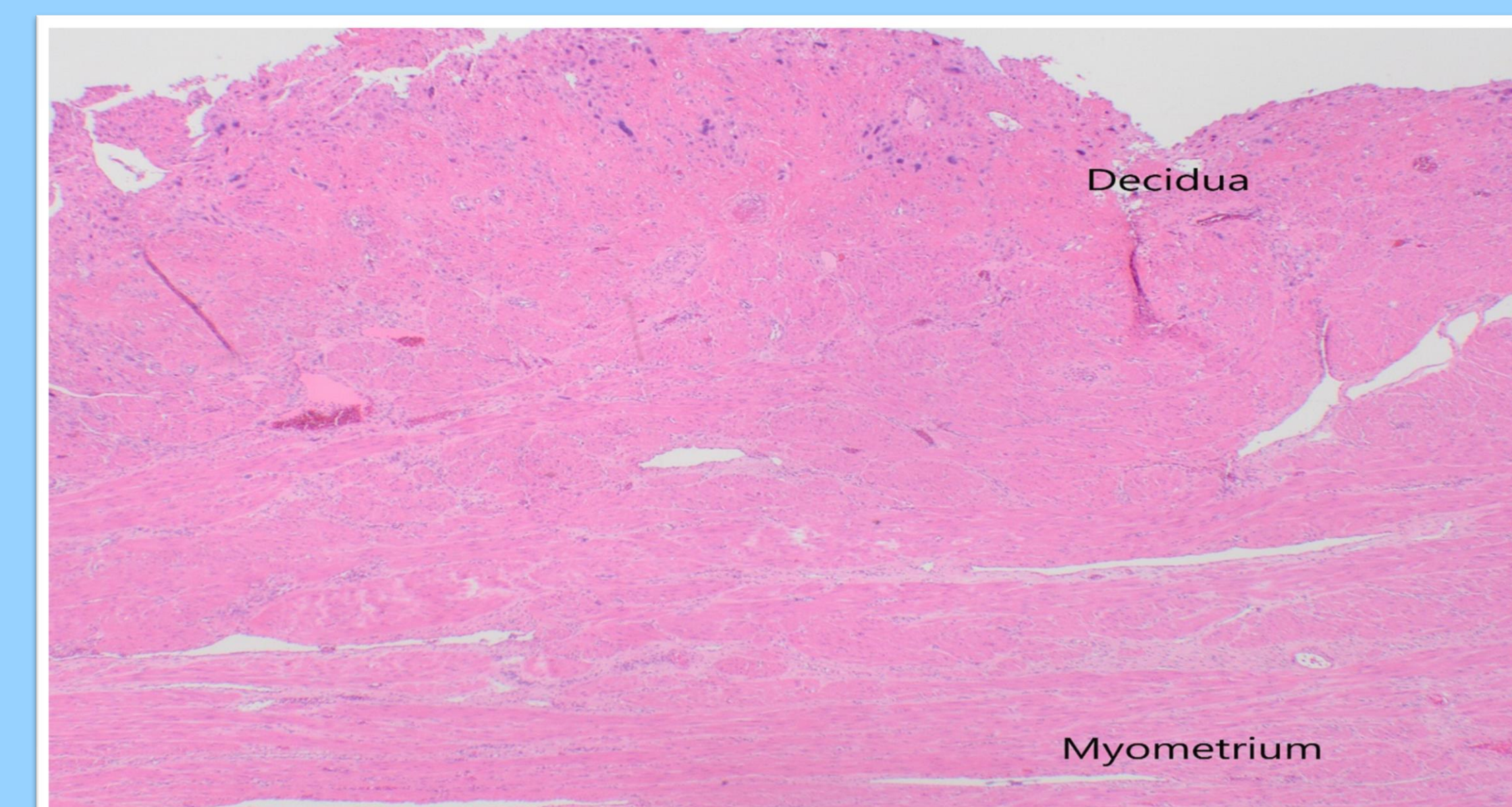


Figure 5 Histology

Discussion

A unicornuate uterus with a rudimentary horn is a rare uterine anomaly resulting from failure of one of the Müllerian ducts to develop completely and an incomplete fusion with the contralateral side (Fig 6) Pregnancy in such a NCUH is very rare and can often present with significant peculiar complications such as torsion, rupture of the horn, placenta percreta, haemorrhage and need for emergency surgery

A high index of suspicion, an early accurate diagnosis and surgical intervention are key to minimize maternal morbidity and avoid mortality.



Figure 6 Congenital Anomalies

Learning Points

- In known uterine anomalies , an early US should be performed for localizing pregnancy.
- Alternate diagnoses and additional imaging such as MRI must be considered early if there is an unexpected response to standard medical management, especially in known uterine anomalies.
- The potential of torsion must also be considered in known uterine anomalies presenting with pain.
- Excision of rudimentary horn with ipsilateral salpingectomy, which is the recommended surgical treatment, can be successfully performed laparoscopically even in more advanced gestations.