

Rupture of uterine vestigial horn due to advancing mid-trimester pregnancy

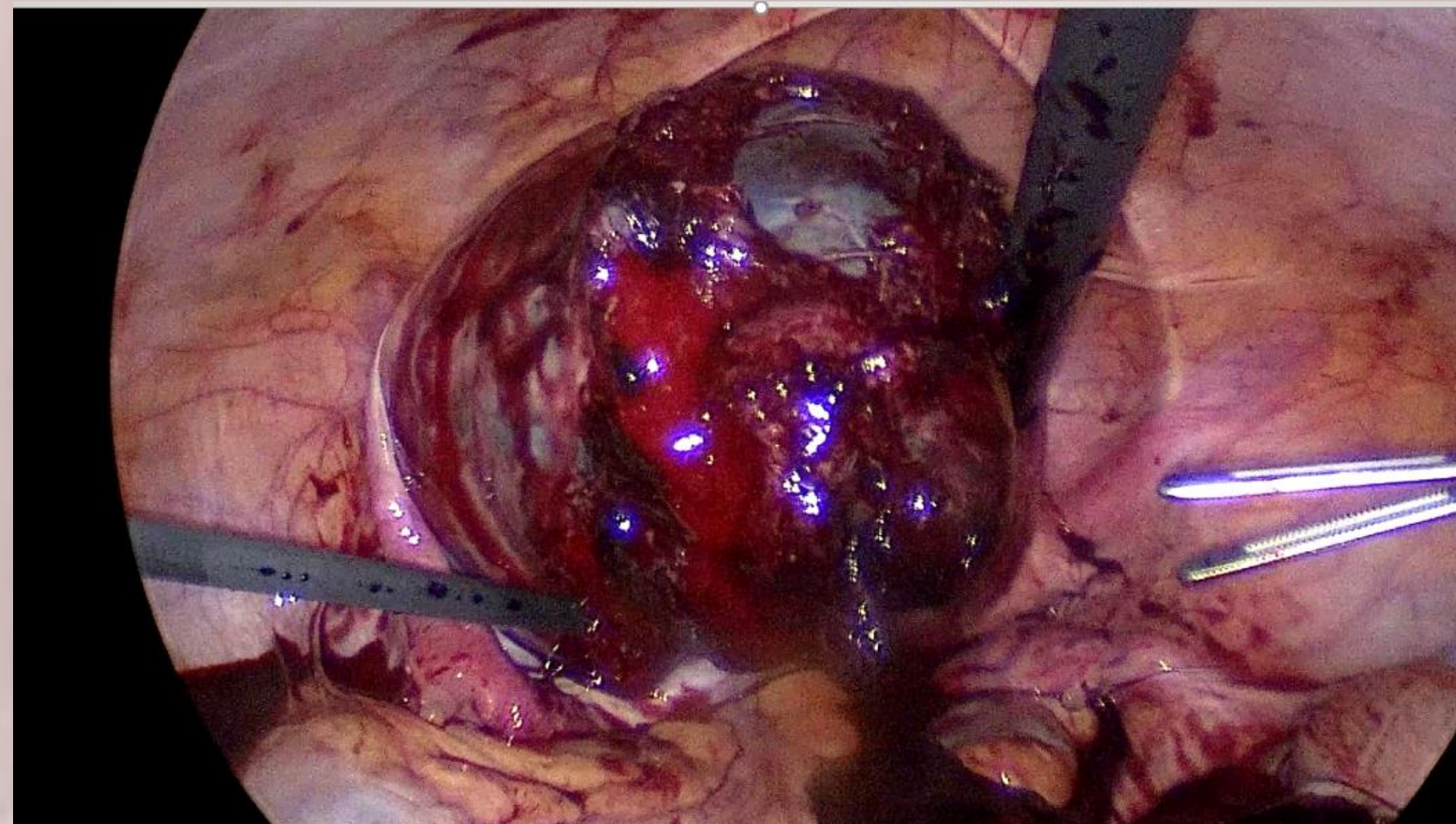
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- P₂, age 25 presents at 17 weeks with mild lower abdominal pain (routine scanning had showed normally located pregnancy)
- Treated initially for UTI but subsequently deteriorates, showing signs of acute hypovolaemia
- Imaging shows free peritoneal fluid
- Taken urgently for laparoscopy

- Massive haemoperitoneum noted at laparoscopy
- Uterine rupture diagnosed and converted to laparotomy
- Further exploration shows unicornuate uterus with gestation in vestigial left horn (ruptured)
- Excision of vestigial horn performed preserving dominant hemiuterus, ovaries and right Fallopian tube



USS image just prior to theatre, fetal heart present

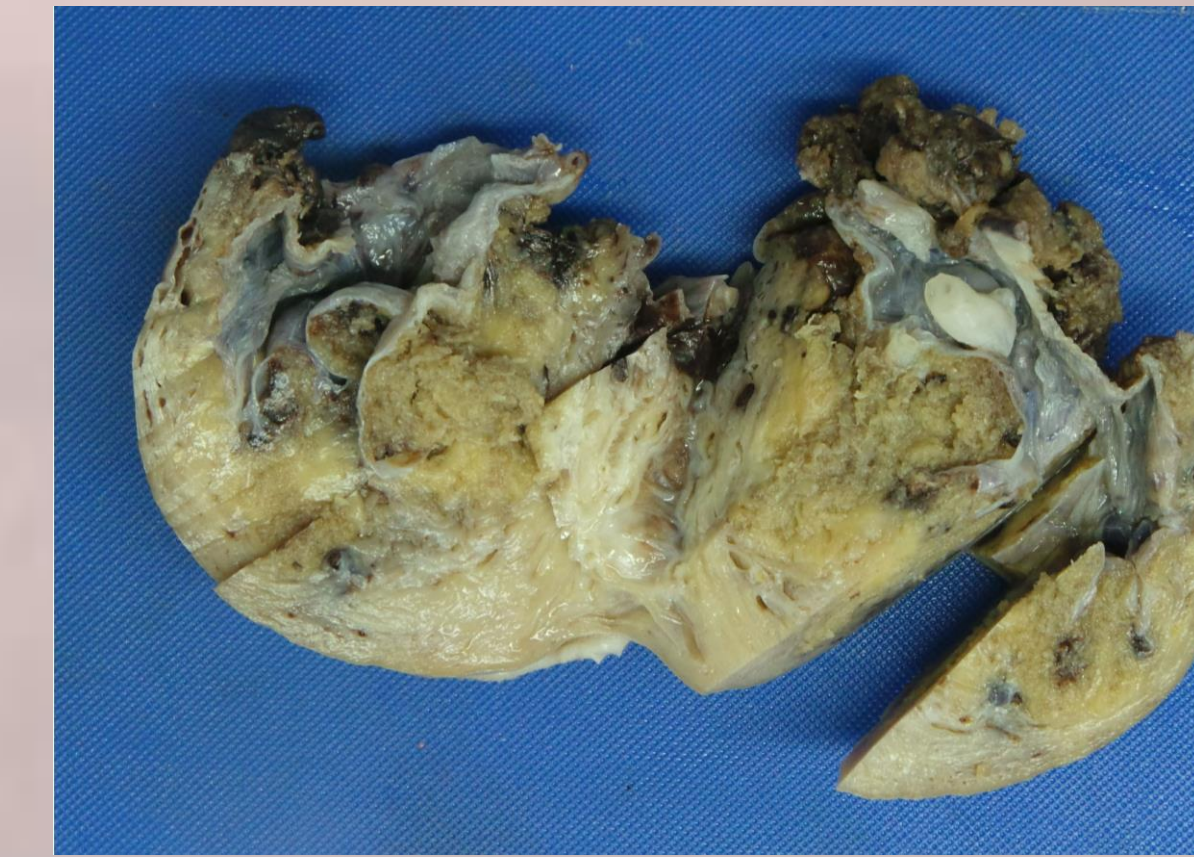


Laparoscopic diagnosis of myometrial rupture

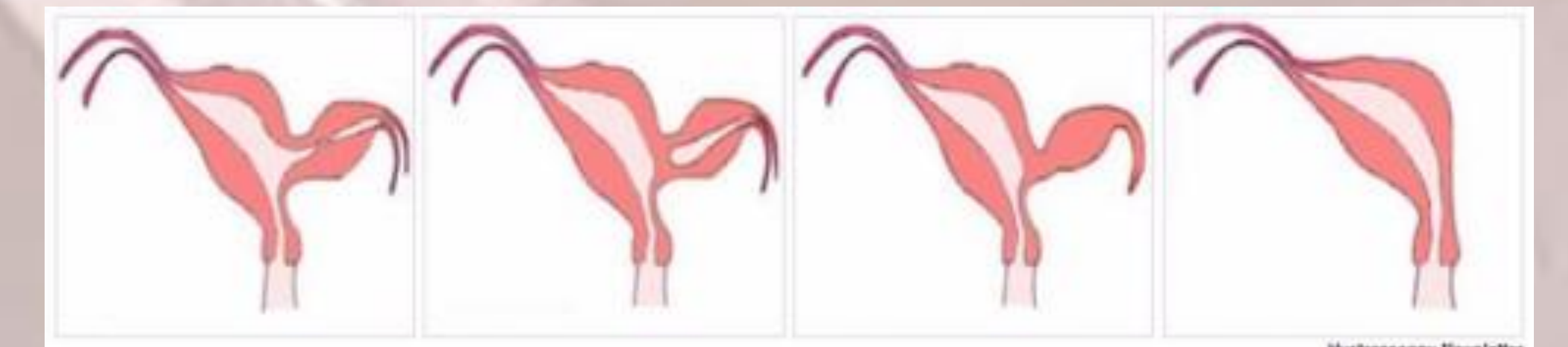


Macroscopic examination shows dominant right sided hemiuterus and vestigial left sided horn

- Total 6L blood loss. Patient made full recovery
- Surgical management preserved fertility
- No evidence of communication of the two uterine horns, intact cavity confirmed by histology – subsequent pregnancy should have no increased risk of myometrial rupture



Histology specimen showing ruptured serosal surface but non-communicating cavity



Schematic of unicornuate uteri with communicating, non-communicating, and absent vestigial horn

- Uterine variant classified as rAFS Type IIb, or CONUTA U4a
- Rupture of vestigial horn is a rare event, occurring as infrequently as 1 in 75,000 pregnancies, with a reported 25% mortality Chang JC, Lin YC. Rupture of rudimentary horn pregnancy. *Acta Obstet Gynecol Scand.* 1992;71:235–238
- In this patient the two previous normal pregnancies must have gestated in the dominant hemiuterus
- Rare, undiagnosed condition and concealed bleeding led to delay in management