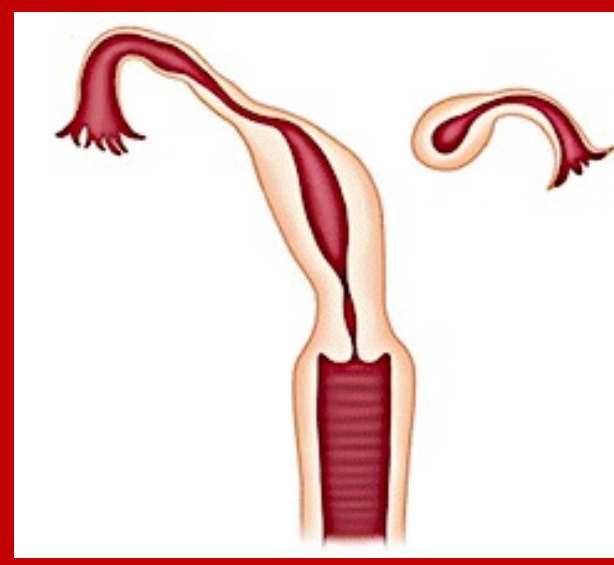




# A case of rare mullerian abnormality with ectopic pregnancy in non-communicating tube diagnosed during laparoscopy for diagnosis of ectopic pregnancy

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## 1. BACKGROUND

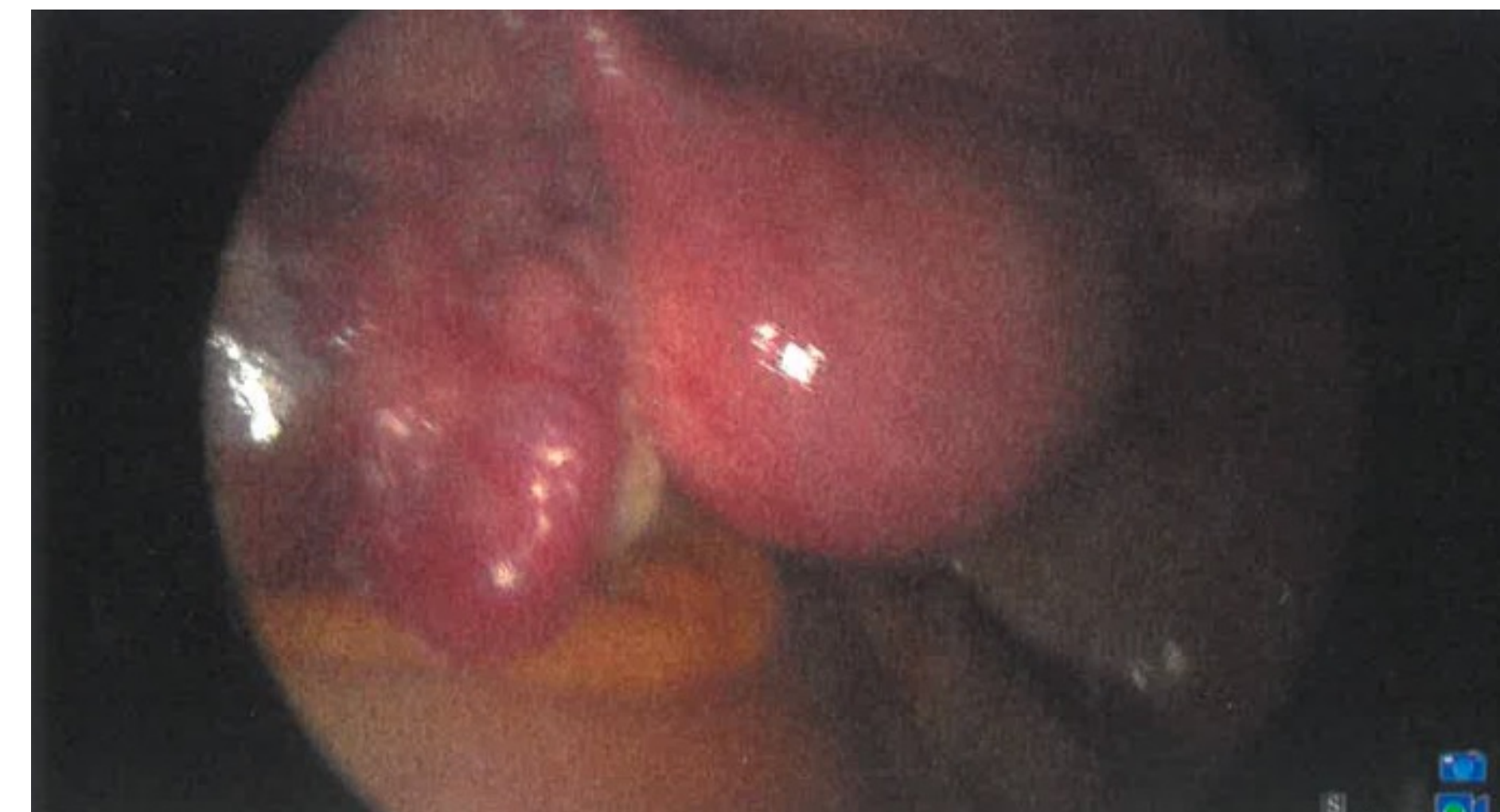
- Mullerian ducts anomalies (MDAs) are seen in 4-7% of women with normal fertility <sup>[1]</sup>.
- Undescended and noncommunicating fallopian tubes are extremely rare mullerian anomalies and little about these has been described in literature <sup>[2]</sup>.
- The mechanism for pregnancy in non-communicating fallopian tubes is considered to be transperitoneal migration of gametes/embryo. Therefore, some authors suggest the removal of non-communicating tubes to decrease the risk of future ectopic pregnancy <sup>[3]</sup>.

## 2. CASE DESCRIPTION

- A 30-year-old female, 6 weeks pregnant and presented with sudden onset worsening right iliac fossa (RIF) pain.
- She had two transvaginal ultrasounds which showed right adnexal mass measuring 5cm with moderate amount of fluid in POD indicating a possible diagnosis of ruptured ectopic pregnancy.
- The 3 readings of BHCGs 48 hours apart showed suboptimal rise with values 4389, 6060, 6016.
- She had laparoscopy which showed unicornuate uterus with left fallopian tube and ovary connected. The tube and ovary were closely attached to right pelvic side wall. She had salpingectomy of tube containing ectopic.



Ultrasound findings of ectopic pregnancy in right adnexa



Laparoscopic findings of unicornuate uterus



Right-sided ectopic in the non-communicating fallopian tube

## 3. DISCUSSION

- The diagnosis of MDAs remains challenging in most cases
- Although hysterosalpingogram is useful in diagnosing a unicornuate uterus, it does not help in detecting a noncommunicating horn.
- Two-dimensional (2D) ultrasound is the initial imaging modality of choice.
- Tubal ectopic pregnancy in an undescended fallopian tube has been reported in literature <sup>[4]</sup>. The first case was reported in 1987 <sup>[5]</sup>.
- Our case illustrates the interesting anatomic and physiological features of the female genital tract and demonstrates the phenomenon of transperitoneal gamete/embryo migration.
- Furthermore, this case underlines the importance of careful US examination of both adnexa when an extra uterine pregnancy is suspected, even when a right ovary agenesis and a left unicornuate uterus would appear to exclude the involvement of one side.

## 4. CONCLUSION

- This is a rare case scenario where ectopic pregnancy was noted in the undescended non-communicating fallopian tube seen with unicornuate uterus with absent horn.
- Diagnosis should be suspected in patients with unilateral absent pelvic adnexa, if other features favour ectopic pregnancy.
- Most of Mullerian Duct anomalies remain undiagnosed due to a lack of clinical suspicion and the absence of pathognomonic clinical and radiological characteristics. Hence, knowledge of its existence and required investigations is important.

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