TORSION OF THE GRAVID RUDIMENTARY HORN OF A UTERUS BICORNIS UNICOLLIS

(Report of A Case)

by

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Developmental anomalies of the Mullerian system like uterus bicornis unicollis are not uncommon. But, torsion of the gravid horn of such a uterus is very rare. Hence we considered justifiable to report this case.

Case Report

Mrs. J., 25 years, was admitted in Medical College, Beach Hospital, Calicut at 2 p.m. on 7th July 1972 for the complaint of severe pa n in the lower abdomen and difficulty in passing urine. She was having mild lower abdominal pain since the previous evening but it became severe in the morning of the day of admission. She could not pass urine since then.

Obstetric History: Married at the age of 18, gravida 2, para I, last childbirth 5 years before. L.M.P. on 2nd February 1972. She had had foetal movements for the previous one month. This stopped on the morning of the day of admission. Her first pregnancy ended in a prolonged dom'ciliary delivery with the baby stillborn. There was delay in the delivery of the placenta and it had to be manually removed in a hospital.

Menstrual History: Menarche at the age of 15, past cycles 5/28-30, mild lower abdominal pain on the 2nd day of flow, flow moderate.

Past medical and surgical histories were not contr.butory.

Examination: She looked extremely pale, pulse 112/mt, BP 100/70. Uterus 34 weeks pregnancy size, tense, tender, no foetal parts or contractions made out, foetal heart sounds not heard. Catheterised—sixty ml of urine was obtained.

Vagina was found to be spacious and having an incomplete antero posterior septum. Cervix was soft, external os was patulous, cervical canal was long, internal os was closed, no membrane or foetal parts felt. There was a firm mass felt through the posterior fornix, about 9 cm in diameter, movable independent of the main mass, which was felt continuous with the cervix. Per rectum also the small mass was felt.

A provisional diagnosis of concealed accidental haemorrhage was made. The posterior mass was thought to be either an ovarian tumour or a rudimentary born of a bicornuate uterus.

Clotting time was 4 minutes 10 seconda, blood group 'B'.

Morphine 15 mg was given i.m. Transfusion with 'B' group blood was started. With these measures there was no improvement in the general condition and the bladder was empty on catheterisation till 8 P.M. Therefore, it was decided to undertake an immediate laparotomy.

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At laparotomy, a bluish haemorrhagic mass, corresponding to about 28 weeks pregnant uterus and having undergone torsion through 540° was found. It looked exactly like a twisted ovarian cyst. After undoing the twists, it was removed by clamping and cutting the pedicle. The stump was transfixed and ligated. On inspection of the removed mass, one ovary, fallopian tube and round ligament were found attached to it. A foetus could be palpated inside (Fig. 1). The posterior mass was found to be the non-pregnant horn of the uterus, bent and lying posteriorly. It corresponded to about 10-12 weeks' pregnancy. Left ovary and tube were found attached to it.

She developed urinary infection postoperatively and was treated with nitrofurantoin. She was discharged 3 weeks later after a course of haematinics.

No decidual cast was passed.

Six weeks later she returned for a check up. Pelvic examination revealed that the remaining horn of uterus had involuted to normal size, and remained slightly shifted to the left. A hysterosalpingogram was taken at that time, and it demonstrated the remaining horn and tube. An I.V.P. showed normal urinary tract.

Discussion

Torsion of the gravid horn of a bicornuate uterus has been reported by Shah *et al* (1968) and Bandi and Jangalwalla (1971). Shah *et al* collected all the reported cases from world literature and stated their case as the 12th one. Bandi and Jangalwalla reported the 13th case. No further report could be seen in the available literature. Our case is slightly different in that the gravid horn was a cornua rudimentosa.

The relative ease to clamp and remove the horn, just as is done for a twisted ovarian cyst, the facts that the bladder did not have to be pushed down, and that the horn underwent torsion through 540° confirms that it was only a rudimentary horn.

A retroplacental clot is visible (Fig. 1) which has not been specially mentioned in other reports. This leaves one question unanswered whether the torsion caused the abruption or the abruption precipitated the torsion.

Summary

A case of torsion of the gravid rudimentary horn of a uterus bicornis unicollis is presented.

References

1. Bandi, S. and Jangalwalla, B. N.: J. Obst. & Gynec. India. **21: 516, 1971.**
2. Shah, S. H., Nanavati, S. and Sequeira, E. J.: J. Obst. & Gynec. India. **18: 746, 1968.**

See Fig. on Art Paper IV