

# UNRUPTURED GRAVID RUDIMENTARY HORN OF THE UTERUS

## (A Case Report)

by

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The course of pregnancy in a rudimentary horn is variable and depends upon the development of the horn. In 45 to 47% of cases rupture occurs usually near about the fourth or fifth month. According to Eastmann and Hellman (1962) the rupture is due to the poor muscular development of the horn. If muscular tissue is abundant the pregnant horn may hypertrophy and pregnancy may go on to term. About the time labour is expected, a spurious labour may occur. Munro Kerr (1964) believed that many supposed cases of advanced abdominal pregnancies were in reality examples of rudimentary horn gestation, with the anatomical features obscured by haemorrhage or adhesions. Sometimes the patient is seen after death of the foetus inside the rudimentary horn and may be mistaken for missed abortion in early stages or presents as abdominal pregnancy in advanced stages. Other possibilities are torsion of the pedicle of the gravid horn, prolapse of the mass behind the uterus and infection of the sac subsequent to its contracting adhesions to the bowel. The cases re-

ported in the literature are those following one of the above complications occurring in a gravid rudimentary horn. It is extremely rare for one to come across an intact early pregnancy (12 weeks) in its growing stage. They are diagnosed and treated accidentally, because of the asymptomatic nature and absence of associated complications at the unruptured stage. The following case is an example of intact growing pregnancy in the rudimentary horn which was observed in the course of routine antenatal examination.

### CASE REPORT

Mrs. T, a 38 year old grand-multipara came to the out-patient department on 5th Sept. 1975 with a history of 3 months' amenorrhoea. She believed that she was pregnant and requested for a pregnancy termination. She was a 7th gravida with 6 living children, and her last child birth was 2 years ago (all were normal deliveries). Her last menstrual period was on 8th June 1975. She was moderately nourished, slightly anaemic and all her systems were normal. Abdominal examination did not reveal any mass, tenderness, rigidity or fullness. On bimanual examination, the uterus was found to be just bulky and non-gravid. In front of the uterus, more on to the right side, there was a semi-solid oval swelling to the size of an orange. The mass was sharply defined, freely mobile and nontender. She was admitted on the same day and was posted for laparotomy the next day.

**Investigations:** Haemoglobin: 9.8 Gm%. Urine: slight trace of albumin was present, sugar was

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absent; microscopically there were few pus cells.

**Laparotomy Findings:** The abdomen was opened on 6th Sept. 1975, under spinal anaesthesia. The uterus was found to be normal in size and was pushed to the left side by a oval swelling. It was attached to the right side of the uterus at the level of the internal os, by a long slender pedicle. It measured 8 cm/6 cm/6 cm. It was freely movable. To its upper right border were inserted the right fallopian tube, round ligament and ovarian ligament. From its outer border the right broad ligament originated. The pedunculated mass was removed with the corresponding ovary and fallopian tube. On opening it was found to contain a three months' foetus and placenta in a fresh state. Thus, the oval swelling was confirmed as the gravid rudimentary horn of the uterus which had not ruptured. There was no canal in the pedicle communicating with the main horn of the uterus. The other ovary and Fallopian tube were normal. Tubectomy was done on the left side and abdomen was closed. There was no complication in the post-operative period, and she is making satisfactory progress to this date.

**Specimen:** Cut section of the gravid horn showed a reasonable thickness of myometrium. The 12 weeks' old fresh foetus with the intact amniotic sac bulged out through the incision (Fig. 1). The placenta was also healthy and fresh, and it was attached to the lateral side of the horn (Fig. 2). The pedicle carried no canal.

#### Discussion

Pregnancy in the rudimentary horn is asymptomatic in the early stages. A pre-operative diagnosis of intact cornual pregnancy before the 4th month is rarely made. By routine antenatal check-up few cases may be detected and that too as cases of pelvic masses like ovarian tumour or pedunculated fibroids and not as gravid rudimentary horn. At the time of laparotomy a definite diagnosis is made by locating the round ligament lateral to the horn. In this instance, the pelvic mass was detected during the routine antenatal examination in a multiparous woman, who apparently came for

pregnancy termination. A similar case of intact rudimentary horn pregnancy was reported in 1930 by Munro Kerr in a 18 year old nulliparous woman. She had 3 months amenorrhoea and symptoms of pregnancy. She had no pain or disturbance of health of any kind. The pregnancy in the rudimentary horn was felt as a separate pedunculated mass. It was removed at laparotomy. Dysmenorrhoea from which she had previously suffered did not return. After 3 normal periods she again conceived and this time pregnancy went to term without any complications and she had a normal delivery.

If the pregnancy in the rudimentary horn is not detected at this stage it may terminate in either (i) rupture, (ii) torsion, (iii) death of the foetus in the horn or (iv) it may go to term. All these complications are hazardous to the patient and it may be even fatal. If detected in the unruptured state, the operation is very simple.

When rupture of the pregnant rudimentary horn occurs the clinical features usually resemble those found in extra-uterine pregnancy. According to Werth rupture occurs in 45% of cases. Subadhra Devi (1961) has reported 2 cases of rupture in rudimentary horn from 200 cases of ectopic pregnancies, and these 2 ruptures occurred at the 24th week of gestation. Similar cases of rupture of gravid rudimentary horn are reported by Pasricha and Hingorani (1962) and Bhinday and Shah (1974).

Seldom a gravid rudimentary horn may undergo torsion. Paily *et al* (1974) have reported a case of torsion. In their case the rudimentary horn carrying a 28 weeks pregnancy had gone for 540° twist, and was looking exactly like a twisted ovarian tumour.

In a number of cases, however, the pregnancy has continued to term very often with attacks of abdominal pain and vaginal haemorrhage during pregnancy. Scholtz (1951) has reported a full term baby delivered by the abdominal route, alive and normal after 2 years and 6 months.

**Conclusion**

A case of unruptured pregnancy in the rudimentary horn of the uterus is reported. The duration of pregnancy was 12 weeks, and it was diagnosed as a pedunculated mass arising from the uterus. The diagnosis was confirmed by laparotomy. Various terminations of a pregnancy in a rudimentary horn and their problems are discussed.

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See Figs. on Art Paper X