

ADVANCED PREGNANCY IN AN ACCESSORY HORN

(Report of a case)

by

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Pregnancy in an accessory horn was first described by Mauriceau and Vassal in 1669. Kehrer (1900) collected 84 cases from the literature and eleven years later Backmann in a fresh review reported 146 cases. Latto and Norman (1950) while reporting such a case remarked about the relative high incidence of this condition and concluded that in all probability well over 200 cases were described. Although the total number of such cases reported upto this time is not available, yet one feels that the condition is still rare.

CASE REPORT

Mrs. R, aged 18 years, P 0 + 0, married for 2½ years was admitted in Eden Hospital, Calcutta Medical College on 30th July, 1974.

Present history:

The patient complained of amenorrhoea for 13 months. After three months of amenorrhoea, one day she felt sudden aching pain in her lower abdomen followed by bleeding per vaginam with passage of clots. It was accompanied with vomiting. These symptoms persisted for 3 days and were relieved after treatment by a local doctor. Thereafter, the patient noticed a lump in her lower abdomen which was gradually increasing in size and reached about the level of the umbilicus. For one month before the day of admission she noticed gradual diminution of the swelling and loss of fetal movements.

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Past and Family History:

Nothing significant.

Menstrual History:

Age at menarche—12 years; past cycle— 28 ± 2

_____ days; L.M.P.—End of June, 1973;
4 — 5

E.D.D.—Beginning of April, 1974.

On examination:

Nothing abnormal was detected on general and systemic examinations. Uterus was of 26 weeks' size, the fetus was lying transversely, F.H.S. were absent.

Per vaginam—Os was closed; cervix—tubular, no abnormal discharge was present.

It was diagnosed to be a case of intrauterine fetal death.

Investigations:

Pregnancy test with urine was negative, Hb. was 12.8 gram per cent. Bleeding time and coagulation time were within normal limits on repeated check up at intervals. Straight X-ray of abdomen showed the radiological evidences of intrauterine fetal death.

Management:

As spontaneous labour failed to occur within a reasonable time induction of labour with I.V. syntocinon drip was attempted on two successive occasions. Both the attempts failed. This was followed by an attempt to induce labour by intra-amniotic instillation of hypertonic saline. But on introduction of the needle into the amniotic cavity a thick, cheesy material came out. The procedure was postponed. A careful bimanual examination at this stage revealed the uterus to be separate from the gestation sac

though the body and fundus of the uterus could not be defined distinctly. Hysterosalpingography was done which revealed the empty uterus and the right tube lying by the side of a separate gestation sac containing the dead fetus (Fig. 1). A provisional diagnosis of secondary abdominal pregnancy was made and the case was prepared for laparotomy.

On laparotomy the non-pregnant part of the uterus with the right tube and ovary were found to be normal. The omentum was adherent to the gestation sac at places. After gentle separation of the adhesions, the gestational sac was found to be attached to the non-pregnant part of the uterus near its cornu by a muscular band. The left ovary and tube were attached to the left side of the sac along with the attachment of the round ligament, which helped us to identify the sac as another horn of the uterus (Fig. 2). The ovary showed presence of a corpus luteum. The accessory horn was removed along with the left tube and the ovary. While cutting through the pedicle (i.e. the attachment with the uterus) no lumen could be found. The cornu (the base of the pedicle) of the uterus was sutured and the stump of the infundibulo-pelvic ligament was peritonised. Shortening of the round ligaments was performed. The abdominal cavity was closed in layers.

Description of the specimen:

Measurement—24 x 15 x 10 cm. Weight—4 lbs. & 2 oz.

On cutting open, a macerated apparently mature dead male fetus was found (Fig. 3). The liquor amnii was converted into a cheesy material containing hairs, shed epithelia and meconium.

The sac wall was fibro-muscular and was about 0.5 cm. thick. The placenta was degenerated and could not be separated from the sac wall.

A portion of the sac wall was sent for histopathological examination which revealed muscle and fibrous tissues along with blood vessels. Histopathological examination of the removed ovary showed presence of a degenerated corpus luteum.

Discussion

In the present case no canal connecting the rudimentary horn and the uterus was demonstrable either macroscopically or microscopically, the corpus luteum was found in the ovary of the same side. It is possible that there was a communication which was subsequently closed or could not be located.

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See Figs. on Art Paper XI