AN INTERESTING CASE OF UNRUPTURED RUDIMENTARY HORN PREGNANCY WITH PERFORATION OF THE NORMAL NON-GRAVID HORN

(A Case Report)

by

R. VIJAYA,* M.D., D.G.O.

Unruptured rudimentary horn pregnancy is notorious for its asymptomatic clinical manifestation and because of this the pre-operative diagnosis is at times difficult even in the hands of experienced obstetricians.

This is the report of a case of unruptured rudimentary horn pregnancy diagnosed on the operation table when laparotomy was done for perforation of the well developed non-pregnant horn.

CASE REPORT

Mrs. J.D. a V Gravida, IV para aged 24 years was admitted to the labour ward on 1-9-79 with a history of 4 months amenorrhoea and vaginal bleeding for 2 days.

She had 4 full term normal deliveries at home, her last delivery being 2 years prior to admission. Her periods were always regular and the last period was on 14-4-78.

She gave history of interference by a quack using paste and as she did not expel the products, she went to a private doctor. The doctor's note revealed that he attempted curettage for terminating the pregnancy but as he saw yellowish material coming out which did not resemble products, he referred the case to the teaching institution.

* *Professor of Obstetrics and Gynaecology, Thanjavur Medical College & Obstetrician & Gynaecologist, Raja Mirasdar Hospital, Thanjavuru, Tamil Nadu, South India.*

Accepted for publication on 11-11-80.

Patient was ill-nourished and anaemic with a pulse rate of 84 per minute. Abdominal palpation revealed a 16 weeks sized tender soft, mobile mass. On vaginal examination a soft, granular material was protruding through the external os, was palpated and uterus was thought to be enlarged to 16 weeks size. Speculum examination showed an open os in the center of the pelvis with omentum protuding through. Perforation of the uterus was diagnosed and hence the patient' was subjected to laparotomy. On opening the abdomen, there was a soft globular mass 16 weeks size, to the left side of which the tube, round ligament and ovary were attached. The corresponding structures could not be visualized on the right side of this mass. There was no perforation or omental prolapse through this mass. On further exploration, congested band of omentum was seen running deeper down on the right side along the pelvic side wall, which was going near a normal non-pregnant horn of uterus. On lifting up this horn, there was a perforation on the posterior wall of through which the omentum was entering the vagina. The right tube, round ligament and ovary were found attached to this non-pregnant horn. There was no septum between the two horns. Finger was introduced into the vagina to find out whether there was any communication between the pregnant horn and the vagina but there was no communcation. Hysterotomy was done and the products from the rudimentary horn were removed. After removing the pregnant sac, the rudimentary horn was found to be attached by a fibro muscular band to the normal horn at the level of the isthmus. Total hysterectomy and removal of rudimentary horn was done. Patient had an uneventful recovery.

Summary

A rare and interesting case of an unruptured rudimentary horn pregnancy with inadvertant perforation of the normal non-pregnant horn during an attempted medical termination with protusion of the omentum through the os, which was diagnosed on laparotomy is reported.

Acknowledgement

I thank the Dean, Government Raja Mirasdar Hospital for having permitted me to use the hospital records.

My thanks are also due to the Senior house—surgeon Dr. Miss. N. Rajamaheswari who has helped me in preparing this case report.