

HAEMATOMETRA IN THE CONGENITALLY MALFORMED UTERINE HORN

by

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Introduction

The normal uterus develops from the fusion of the two müllerian ducts coming from either side. A case of haematometra in the blind right horn which had no communication with the vagina or left uterus is being presented. It displayed certain atypical features. The diagnosis was missed during two previous laparotomies. The blind uterus (right) remained free and away from the normal uterus and vagina.

CASE NOTE: —

The patient Miss B. aged 17 years was admitted to N.R.S. Hospital on 15-1-81 for severe pain on the right side of the abdomen. The pain had started from her menarche (in 1977). It came successively along with her periods and gradually became more severe. She underwent various treatments in the meantime but without any relief. Two laparotomies were done—the first ended in appendicectomy and the second diagnosed the case as right sided hydrosalpinx with bicornuate uterus and the alleged hydrosalpinx was excised.

At N.R.S. it was found that the patient was emaciated and exhausted. Per abdomen there was tenderness and rigidity over the right iliac fossa. On vaginal examination, a tender cystic

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Accepted for publication on 1-10-81.

mass was felt through the right fornix. Uterus was small and deviated to the left.

Hysterosalpingography showed the uterus and fallopian tube of the left side. I.V.P. revealed normal picture on the left side but no kidney or ureteric shadow was visible on the right side.

The case was provisionally diagnosed as haematometra in the right horn of the uterus.

Laparotomy was done on 21-1-81. The left uterine horn was slightly small in size and the left ovary was normal except for few follicular cysts. There was a tense and cystic swelling ending blindly near the lateral pelvic wall on the right side. Behind this lay the enlarged cystic right ovary. The former swelling did not have any communication with the left uterine horn or the vagina. The right kidney was not palpable, but the left one was located at its normal site. The swelling was a haematometra in the blind right horn of the uterus which was confirmed by aspirating black altered blood. The blind right horn with haematometra was excised. A $\frac{1}{2} \times \frac{1}{2}$ inch sized cyst was enucleated from the right ovary along with wedge resection.

The patient quickly recovered and had come for follow up on 23-3-81. She was absolutely normal.

Macroscopical Appearance of the Swelling:—Pyriform shaped mass $4\frac{1}{2}$ " in length and 2" in breadth. Round ligament was attached to the right side of the upper end of the mass. The tube was missing. The lower end had a knobby swelling which was the cervix. It was connected to the body by a narrow intervening stalk. Canalisation of uterus and cervix was complete. Thickness of the wall was about $\frac{1}{4}$ ".

Microscopical appearance: — Swelling-Myometrium—thin. Endometrium—Absent.

Discussion

The absence of one kidney along with uterine malformation has been described by Chakraborty (1979), Hingorani (1976) and Fore (1975). The endometrium was absent in this case. This possibly resulted from atrophy of the endometrium, caused by the pressure of the haematometra.

In this case the blind uterine horn was neither attached to the vagina nor to the normal uterus. Similar cases have been reported by Chakraborty (1979). The failure of migration of the lower part of mullerian duct (right side) to the mid-line, may be ascribed to the absence of ureter of the same side or presence of pelvic kidney or premature traction by gubernaculum of the ovary before fusion. However exact aetiology is unknown.

The failure or absence of communication of the blind horn with vagina can be attributed to the theory that the vagina develops completely from the urogenital sinus. Balmer (1957) is of the opinion that the sinus growth extends upwards, displacing the Mullerian component, which primarily extended as a solid

growth from the lower end of the uterus, and the vagina develops completely from the endoderm of the urogenital sinus. Koft (1933) and others believe that lower one-fifth of the vagina develops from the urogenital sinus and upper four-fifths from the Mullerian duct.

Acknowledgements

We express our thanks to Prof. Director G. S. Mondal, Department of Obstet. & Gynaecology and the Superintendent for allowing us to publish the case note.

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See Figs. on Art Paper IV