

TORTION OF GRAVID RUDIMENTARY HORN OF THE UTERUS

by

(Mrs.) RENUKA SINHA,* M.S.

and

(Mrs.) SHAKUNTALA SAHAY,** M.D.

Introduction

The malformations of the uterus encountered in Obstetrics practice are variants in uterine formation resulting from irregularities in the fusion of the mullerian duct. Rudimentary horn of the uterus is a rare congenital abnormality and pregnancy in it is extremely rare. Jarcho has reported 0.1% of pregnancy occurring in rudimentary horn. As stated by Sanger the usual termination of pregnancy in rudimentary horn is rupture. The torsion of the gravid rudimentary horn is an unusual complication.

Case Report:

Smt. K.D. 26 HF was admitted at Rajendra Medical College Hospital, Ranchi on 31-8-81 for amenorrhoea of 4 months with severe pain abdomen since 4 days and bleeding since 10 days. She also complained of that she had mild pain in abdomen throughout the present pregnancy which started just after missing her first period. The pain was worse since 4 days.

She had one full term normal delivery at home 1½ years back.

General condition to be fair. Pulse 86/mt. B.P. 110/76 mm. of Hg. Slight pallor present. Oedema absent e.v.s. and chest—N.A.D.

A cricket ball shaped lump was felt in the right

iliac fossa which was smooth, firm and very tender with regular margins and restricted mobility. Vaginal examination revealed a lump, felt through the right fornix and seemed to be attached to the body of the normal sized uterus.

A provisional diagnosis of twisted ovarian tumour was made and laparotomy was decided. Following investigations were made.

Laparotomy was performed under G.A. The abdomen was opened by subumbilical midline incision. There was a lump arising from the pelvis. It was a gravid rudimentary horn of the right side of a bicornuate uterus. It was found to be attached to the isthmus of the normal uterus by a fibromuscular band and the band was twisted one round. The right normal tube, ovary and round ligament were lateral to the gravid horn. The uterus was slightly enlarged due to decidual reaction. The left ovary and tube were normal. The whole gravid horn was taken out with the right tube. The right ovary was conserved. It was noted that there was no communication between the cavity of gravid horn and the cavity of the normal uterus. The abdomen was closed in layers. The post operative period was uneventful.

Gross examination of Gravid horn—The size of the gravid horn was 8 cm x 6 cm. A window was made in anterior surface of the gravid horn. A foetus of 16 weeks size was seen present in the cavity of the gravid horn with intact placenta and cord Fig. 1.

Acknowledgements

We are grateful to Superintendent, Rajendra Medical College Hospital, Ranchi for kindly allowing us to utilise the hospital records.

*Registrar (Obstetrics and Gynaecology).

**Professor and Head of the Department (Obstetrics and Gynaecology), Rajendra Medical College Hospital, Ranchi, Bihar.

Accepted for publication on 19-5-82.

See Fig. on Art Paper III