NON COMMUNICATING HORN OF UTERUS ASSOCIATED WITH ENDOMETRIOMA AND IPSILATERAL AGENESIS OF URINARY TRACT

(A Case Report)

by

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Introduction

Although the agenesis of Mullerian duct is quite common, agenesis leading to endometriosis is a rarity.

Hanten *et al*, reported 6 cases of young women, in which endometriosis was associated with obstructive conditions of the lower genital tract, as a non-patent cervix or absent vagina.

A case of non-communicating horn of uterus associated with endometrioma and ipsilateral agenesis of urinary tract is being presented.

Case Report

Mrs. P. aged 20 years was admitted for severe localised dysmenorrhoea and pain in the right lower limb of 8 years' duration.

Secondary sex characters were well deveolped. There was tenderness on deep palpation over the right iliac fossa.

Internal examination revealed a normal sized retroverted uterus, pushed to the left side by a tender mass in right fornix, which was attached to the right side of uterus.

A diagnostic laparoscopy was undertaken. The left adnexa were normal. The uterus was pushed to the left side by a mass occupying the position of right adnexa. The right adenexa could not be identified. The mass was seen to be extending fairly low down, and had a varied consistency. The lateral portion of the mass was softer while the medial one was firmer. Free tarry coloured haemorrhage was seen in pouch of Douglas. Even with a visual impression no definite diagnosis could be arrived at so a biopsy was taken from the mass. Histopathological report was mesonephroma.

A descending pyelography was done. It revealed absence of kidney on the right side. The left kidney showed compensatory hypertrophy and mild degree of hydronephrosis (Fig. 1).

On opening the abdomen uterus was found to be normal in size, pushed to the left side by a mass occupying the position of right adnexa and having a varied consistency. The lateral portion of the mass was softer in consistency, and measured about 5 cm x 5 cm and showed haemorrhagic areas. The medial portion was firm and was about 7.5 cm x 5 cm. Fimbrae like structures were seen on the lateral aspect of the softer mass. A tubular structure atleast 1.5 cm was seen on the anterior aspect. (Fig. 2).

Since blood was not available and the patient was young, a decision for conservative surgery was taken. An attempt was made to lift up the mass from its bed, when the softer friable mass got avulsed from the firmer one. Utero vesical peritoneum was separated and pushed down along with bladder, and an attempt was made to dissect the firmer mass, when it got opened at one point through which tarry blood came out indicating that it was a hematometra. Further exploration showed that this horn ended blindly, without any connection with the exterior.

Hemihysterectomy was performed.

Histopathological report of the mass turned out to be an endometrioma (Fig. 3).

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See Figs. on Art Paper IV