

# NON GRAVID HORN CAUSING OBSTRUCTED LABOUR IN A CASE OF UTERUS BICORNIS BICOLLIS

(A Case Report)

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## Introduction

A case of uterus bicornis bicollis is presented who had repeated abortions and in the present pregnancy became threatened at 16 weeks gestation and had premature onset of labour pains at 32 weeks of pregnancy and with obstructed labour due to incarceration of non gravid uterine horn.

## Case Report

Mrs. N.K., 30 years, married for 5 years was admitted to Government Hospital for Women, Amritsar for amenorrhoea of 3 months, pain in abdomen and vaginal bleeding for the last one day. H/O expulsion of products of conception for the last 12 hours.

Cervix was backward, uterus anteverted 10 weeks size, os open. Products felt through the canal. Vaginal bleeding ++. She was diagnosed to be a case of incomplete abortion. At the time of dilatation, she was found to have single vagina and 2 cervixes with 2 uteri. The right horn was enlarged and uterine sound was passed upto 4" and products of conceptions were removed. Where as in the left horn the uterine sound was passed only upto 2½".

In between pregnancy a diagnostic laparoscopy was done and she was found to have a bicornuate uterus with both cornuae well developed. Each horn had its own fallopian tube.

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Both ovaries were well developed though measuring 3½" x 1½". Both tubes were found to be patent on chromotubation. Hysterosalpingography confirmed the diagnosis of bicornuate uterus and patent fallopian tubes.

On 16-4-1984, patient was re-admitted with amenorrhoea of 3½ months, pain in abdomen for 1 day and spotting 1 day. On examination right horn of the uterus was enlarged to 16 weeks size. Os closed. Slight vaginal bleeding. Left horn was of normal size. Patient was diagnosed to be a case of threatened abortion and was kept in the hospital for about 1 month. She was re-admitted at 32 weeks gestation for premature labour pains. Labour pain subsided with treatment and advised to attend antenatal clinic regularly.

The patient never reported till she was admitted as a case of obstructed labour. On abdominal examination, uterus was full term with cephalic presentation which was high floating. F.H.S. were 180/mt. On vaginal examination right cervix was pushed behind the symphysis pubis 3 cms. dilated. 50% effaced and thick. Left cervix was tightly closed and uneffaced. In the posterior and left fornix a firm globular mass of the size of 10 weeks pregnancy was palpable which was fixed and could not be lifted out of the pelvis and this was obstructing the presenting part.

Routine investigations were normal. Immediate L.S.C.S. was done. On opening the abdominal cavity, the right cornua of the uterus was found to be pregnant and was shifted to the right side. Left non-gravid horn of the uterus bicornis bicollis with left tube attached to it was found to be impacted in the pouch of douglas. L.S.C.S. was done and an alive male baby was delivered.