

# OBSTRUCTED LABOUR DUE TO NON-GRAVID HORN OF THE BICORNUATE UTERUS

(A Case Report)

by

GURCHARAN KAUR BEDI

and

MADHU NAGPAL

## Case Report

An unmarried primigravida 22 years old was admitted on 27-8-85 with unknown period of amenorrhoea. On examination per abdomen fundal height was 36 weeks with cephalic presentation. Baby was lying to the right of the midline with tense abdominal wall, scanty liquor and uterus looked to be full of baby. Head was free and FHS positive. On vaginal examination cervix was closed, high up above the brim with pelvis being adequate.

Haemoglobin 9.3 gm%, urine N.A.D., blood group 'B' positive. Foetal maturity then radiologically was less than 37 weeks. Since spontaneous labour did not ensue in the next 4 weeks, patient was induced with pitocin drip.

Repeat vaginal examination revealed cervix lying posteriorly high up and one finger loose. A linear rent was felt in the anterior fornix which was not connected with the canal posteriorly nor the head was felt through it. Through the posterior cervix sweeping was done.

Contractions were mild. FHS remained unchanged in rhythm and volume with no descent of head or further cervical dilatation. The drip was re-started on the next day and the cervix was two fingers loose stretched with a fibrous ring externally. Uterus had become inert and FHS was unchanged.

The next day patient was examined in the theatre. Forewaters rupture was done and the

scanty liquor drained out was meconium stained. LSCS was done under spinal anaesthesia. Uterus which had tilted to the right side was brought to midline and LSCS done. A deeply asphyxiated 7.8 lbs weighing female baby was taken out who could not be revived. Caput had formed +++.

After delivery of the baby uterus slipped back to the right side and it was realised that left tube, ovary and left round ligament were missing. On further exploration the missing adnexa was another horn of the uterus grown to the size of 8 weeks while left side adnexa lay posteriorly in the pouch of douglas.

Thus left side horn of the uterus was obstructing the descent of the head which remained unchanged. Caput was formed due to pressure of the ring formed by communicating passage.

Both the horns were well developed with pre-rectal fold of fat and peritoneum getting reflected in between the two horns leaving the pouch shallow. (Fig. 1).

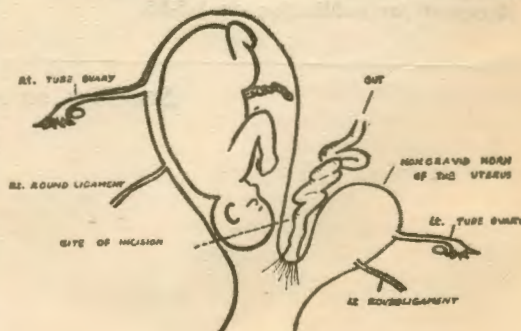


Fig. 1

From: Department of Obstetrics and Gynaecology, Medical College, Amritsar.

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