Pregnancy in Rudimentory horn of Uterus

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Pregnancy in rudimentary horn of uterus is rare and it is very difficult to make the diagnosis before surgery. This condition is most hazardous to maternal life as rupture of pregnant horn results in severe haemoperitonum. Surgical exploration and excision of accessory horn is advised.

Case report

Mrs. V. K. 35 years 7th gravida 6 FTND - 4 male & 2 female - all alive was refered to us as case of threatened abortion on 20/10/97. She had amenorrhoea of 4 months. Pain in abdomen and bleeding PV off & on 1 month, more since 1 day. Her general condition revealed mild anaemia, pulse 90/per m. B.P. 120/80 mm of Hg. P/V os was closed, uterus was 14 wk size, soft, there was slight tenderness on anterior and right fornix. Blood stained discharge present. She had severe pain in abdomen on 29.10.97. At this time her pulse was 140/m. BP 60 mm of Hg, Abdominal distension present with diagnosis of ? ectopic pregnancy. She was taken for needling & exploratory laparotomy after arranging two units of blood.

As needling was positive, laparotomy was done. On exploration : There was massive haemoperitonium (fresh blood) both tubes & ovaries were normal. There was bicorunate uterus, and rudimentery horn was on right side, and 10 x 12 cms in size, soft. There was opening through which fresh blood was coming out. On cleaning the blood membranes were seen bulging through the opening. Right sided salpingo-oopherectomy & removal of rudimentory horn & left sided tubectomy were done. Haemostasis was obtained.

Foley's Catheter to Control PPH

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Mrs. X, 34 years old, P0+0, was admitted with the history of APH. Her EDD 25.7.98. She was managed expectantly. USG revealed a single living fetus with bulky placenta (low lying). USG diagnosis was chorioangioma of the placenta. Emergency LSCS was embarked upon due to severe APH for maternal indication. LSCS findings :

A large intramural fibroid (cricket ball shaped) was found along the lower uterine segment incision line along the upper margin of the incision. After removal of the fibroid, the raw uterine bed started bleeding which was controlled to some extent by 'O' catgut sutures. The raw bleeding could not be totally controlled by placing sutures. One 30 ml inflated bulb of Foley's catheter was kept in the low bed of the uterine decidua and the other end of the Foley's catheter was brought to the exterior through the cervical canal.

After that uterus was closed carefully about the bulb of the Foley's catheter which controlled dramatically the uterine bleeding. Foley's catheter was removed after 24 hours. This case is a rare case of controling PPH by intrauterine Foley's balloon placement instead of intrauterine packing.