

“Pregnancy In Rudimentary Horn Of Bicornuate Uterus”.

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Pregnancy in rudimentary horn of uterus is a rare occurrence and it is supposed to occur by the spermatozoa passing up the normal horn and fallopian tube and fertilising the normal ovum which has entered the fallopian tube of the rudimentary horn.

Case No. 1 Mrs. K. S. 23 years, presented on 07.02.94 with H/O amenorrhoea 14 weeks with pain in abdomen and constipation. She was married for one and half years with regular menstrual cycles and LMP on 20th Oct. 93. On examination she had moderate pallor, BP-94/68, pulse 120 per minute, P/A lower abdomen tender with muscle guard with ill defined lump. On PV. examination – UT.-size not ascertained, excitation++. Provisional diagnosis – torsion ovarian cyst. USG on 07.02.94 – UT. bulky, no gestation sac, left ovary normal, RT. adnexa shows a mass (G.A. sac with alive foetus with foetal heart activity and foetal movement) no free fluid in POD. Dignosis ectopic pregnancy.

Laparotomy was done on 07.02.94. Pregnancy was seen in rudimentary horn of uterus on right side with live foetus around 15 weeks G.A. RT. Tube with gestational sac and rudimentary horn were removed. LT. Ovary and left tube were normal which were preserved. RT. ovary normal preserved 3 Units of O+ve blood were transfused. Post-operative period – normal (HP. Study of – ectopic pregnancy in rudimentary horn, hypertrophied, muscular wall with infiltrative decidua and chorionic tissue in lumen).

She was again pregnant with LMP on January 94 and had breech presentation throughout pregnancy. She came

with leaking membrane at 33 weeks in Sept'95., and had LSCS. The cord was wound 8 times round the neck on the female child, 2.0 kg. by birth weight.

The Post-operative period was uneventful and she was discharged on 7th day with healthy baby (Baby was kept in incubator for first 3 days.)

Case No. 2 Urmila Nayak, 25 years, married one year admitted with pain in abdomen, vomiting, loose motion on 10.11.96 with LMP 02.07.96. On/E – she had mild pallor, BP-130/80, Temp. 98.8 degree farenahit, pulse 94 per minute. P/A – epigastric distension with diffuse tenderness all over with sluggish bowel sounds with 18/19 weeks uterine size. She was kept in ryles tube aspiration, I. V fluids and metrogyl and gentamycin. The blood was RH-ve (neg.) group A USG – live foetus of 17 weeks size with fluid in peritoneal cavity, uterus was enlarged about 12 weeks gestational size. A diagnosis of disturbed ectopic pregnancy probably in rudimentary horn was made.

Abdomen was opened on 12.11.96 under G.A. – live foetus approximately 18 weeks size in right lumbar region with cord attached to placenta in ruptured right rudimentary horn with blood in peritoneal cavity. The rudimentary horn removed with peritonealisation of stump with removal of right ovary and tube. Patient had one anti-D inj. and had uneventful recovery. She was transfused one unit of RH-ve blood of group A.

Patient was pregnant in 1997 and was under ante-natal care. She delivered by L.S.C.S. at Govt Hospital at 37 weeks of pregnancy in April 98.