

## Pregnancy in Non-Communicating Rudimentary Horn of Uterus

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Pregnancy in a non-communicating rudimentary horn of uterus is the least common type of ectopic pregnancy. Rupture of the gravid horn occurs at a later stage compared to tubal ectopic pregnancy, usually around fourth or fifth month, with excessive bleeding and profound collapse. In this particular case, the intrauterine death of the foetus saved the patient from the consequences of ruptured gravid horn.

Mrs. X, aged 22 years, G2 P1 attended the OPD with 4 months amenorrhoea and loss of feeling of pregnancy symptoms from 1 week. Past obstetric history revealed a normal full term home delivery of a female child 2 years back.

On examination, uterus 14 weeks pregnancy size, deviated to left side. PV examination revealed a closed os with no bleeding PV, a mass= 12 weeks size felt on left side of uterus, movable with uterine movements.

USG revealed a fetus of 13 weeks with intra uterine death. Patient was prepared for dilatation and evacuation on which no products of conception were obtained, only abundant deciduas was curetted out.

Repeat USG was done which showed two uterine cavities completely separate from each other. Left cavity showed an intact, dead foetus while right cavity was empty except for few blood clots. These findings were missed in first USG. (Photograph no. 1)

Laparotomy was decided with removal of products of conception and excision of rudimentary horn of uterus. On laparotomy, rudimentary horn was enlarged to 12 weeks pregnancy size with left round ligament and adenexa attached to its lateral aspect (Photograph no. 2). Left round ligament and tube were clamped, cut and doubly ligated near the horn of uterus. Broad ligament was opened on left side. Left uterine artery was clamped cut and doubly ligated. Rudimentary horn was opened anteriorly. A macerated male foetus of 12 weeks was removed along with placenta. There was no communication between the horn and the uterus. Rudimentary horn was clamped at its base and removed. Myometrium was sutured in 2 layers with interrupted no. 1 chromic catgut sutures. Abdomen was closed in layers.

Post operative recovery was uneventful.



Photograph 1



Photograph 2