

Pregnancy in Uterus Bicornis Unicollis with Torsion of Gravid Horn – A Rare Case Report

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Gogar 30 years old presented in labour room with complaint of amenorrhoea of 6½ months with labour pains. She was gravida 4. First preterm female deadborn 5 years back, second preterm male deadborn 4 years back, third fullterm normal delivery female alive 3 years back. All were home deliveries. On examination her general condition was fair and her vital parameters were settled. She was Rh negative. On per abdomen examination uterus was 36 weeks size, tense, exact presentation could not be made out and fetal heart sound was not localised. On per vaginum examination cervix was not felt, only a large mass was present in posterior fornix. Pelvic inlet and midcavity could not be assessed due to the mass and outlet was adequate.

single viable fetus of 27 ± 2 weeks. low lying placenta, polyhydramnios and bulging out of anterior and superior wall of uterus to form a pouch. Patient was taken up for laparotomy which revealed bicornuate uterus. The gravid left horn was folded on itself and filled the pouch of douglus thereby pushing the cervix high above the pelvic brim. Nick was given on the gravid horn and male alive baby of 1kg delivered out as breech and placenta complete with membranes delivered. In the right nongravid horn only decidua was present. The anatomy was restored as soon as the baby was delivered. Now cervix could be palpated per vaginum which was 2 finger dilated. Abdomen was closed in layers. The postoperative period we uneventful.

Ultrasonography was done which revealed a