

Term Pregnancy in Unicornuate Uterus after Resection of Haematometra in Non-Communicating Horn.

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Patient S.B., 22 years unmarried female was admitted to DMC&H, Ludhiana on 8.4.1997 with complaints of pain in abdomen off & on for 4 years, retention of urine off & on for 4 years, difficulty in defecation for 1 year, heaviness of perineal region for 1 year

History of present Illness :

Patient complained of pain in abdomen and retention of urine at the onset of menstruation which persisted for 2-3 days after the onset of menstruation in each cycle for the last 4 years. Pain in abdomen was in suprapubic region, continuous, severe in intensity & was associated with nausea & vomiting. Pain & difficulty in defecation and micturition persisted 4-5 days after stoppage of menstrual bleeding. For the last one year heaviness of perineal region was persisting throughout the month but increased during menstrual cycle.

Menstrual History

Menarche : 17 years, Menstrual Cycles, 3/30 days regular/very painful,
LMP : 3.4.1997

Past History:

Patient had diagnostic laparoscopy twice but reports were not available. Family History: NAD, General Physical Examination - Patient was well built, well nourished, not anaemic, Pulse 84/min. regular, BP 120/80 mmHg, Thyroid not enlarged, Heart, Lungs, CNS: NAD, P/A : No suprapubic mass.

EUA done on 9.4.1997

External genitalia normal, Hymen intact. One finger pelvic examination done, cervix downwards, uterus anteverted, deflected to right side, normal size.

Mass felt in (L) fornix firm in consistency, separate from the uterus. Uterine sound passed. Uterine length : 2 1/2."

Investigations: Hb 10.9 gm, Blood Gr. A+ RBS 76.4 mg/dl, Urine routine NAD, X-ray chest NAD. Blood urea 15.5mg/dl, S.creatinine 1.03 mg/dl

I.V.P. : Right kidney compensatory hypertrophy, Left kidney: Absent.

USG : Uterus is seen on right side with endometrial cavity (9x7cm) which contains small amount of fluid. Big irregular mass present in left adnexa deviating the uterus to right side. It shows cystic and solid components extending to pouch of Douglas. Both ovaries were normal. Left kidney not visualized.

CT scan :- Liver, gall bladder, pancreas, spleen. Normal Right kidney : Normal. Left kidney : Not seen. Uterus was deviated to the right side. Right adnexa. Normal. A large well defined oval thick walled cystic mass 9x4 cm seen in the left adnexal region. No calcification of the wall or irregularity of internal contents seen.

Laparotomy was done on 21.4.1997.

Per operative findings:-

Unicornuate uterus with non communicating, functional horn on left side with haematometra with haematosalpinx & chocolate cyst of ovary left side.

Right tube and ovary : Normal, Uterus length of right horn : 2 1/2". Sigmoid colon & rectum examined. Normal. No other evidence of endometriosis seen. Left side uterine horn, dilated tube & ovary removed. Patient had uneventful recovery.

Histopathological report : Haematometra, haematosalpinx and haemorrhagic cyst of ovary (left side)

Follow Up :

Patient started getting regular and painless menstrual cycles, M.F. being 3/28 days regular. Patient got married

6 months later and conceived after 2 years.

Antenatal History:

LMP 22.6.1999

EDD 29.3.2000

1st trimester: Had hyperemesis gravidarum

2nd trimester, Uneventful

3rd trimester Mild PIH

GPE: BP 130/90 mmHg
Afebrile
Odema feet +
Heart and
Lung NAD

P/A: Uterus was full term, distended more on the right side.
Cephalic presentation
FHS: 140/mt regular. Good tone.

Investigations

Hb	11.2 gm%
Urine	NAD
VDRL	NAD
RBS	80 mg%
RFT s.	Normal
S.Electrolytes	Normal
Torch profile	Negative

USG done at

14 weeks	No congenital anomaly
28 weeks	Normal
36 weeks	BPD FL Corresponding Amniotic fluid. Normal

Patient had a regular antenatal check up and was advised admission at 37th week. Pelvic assessment: Pelvis was adequate, Bishop scoring: 6. **But patient did not come for admission.**

Patient came at **40 weeks** with foetal distress. Foetal tachycardia (160-178/m, irregular) and decision for LSCS was taken.

Operative notes.

Under spinal anaesthesia, a midline subumbilical incision was made. Abdomen was opened in layers. Omentum was adherent to parietal peritoneum, LSCS was done. Amniotic fluid was thin and meconium stained. A live male baby extracted as vertex. Cord was round the neck. Placenta removed. There was average blood loss. The uterus was distended only on right side. Tube and ovary were normal. No adhesions on that surface. Medial surface of uterus was normal. Uterus stitched in two layers. Pelvic peritoneum closed. Abdomen was closed in layers. Patient left O.T. in good condition.

Baby's notes: Male baby weighed 2.93 Kg. and the Apgar was 7/10.

Patient had uneventful recovery and was discharged on 10th postoperative period.