# Laparoscopic Management of Rudimentary Horn Pregnancy

Pant *Luna*, Sinha *Renu KR*, Basu *SB*
*Department of Obstetrics and Gynecology, Tata Main Hospital, Jamshedpur - 831 001.*

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## Introduction

Pregnancy in the rudimentary horn, although rare, is associated with a high rate of maternal morbidity and mortality. Removal of a rudimentary horn is required as soon as a pregnancy is confirmed because most pregnancies in rudimentary horn rupture in the first or second trimester. The standard treatment is laparotomy, as patients usually experience massive abdominal hemorrhage or pregnancies are too large to attempt laparoscopic removal. Yahata et al[1] (1998) reported the first laparoscopic resection of a pregnant uterine horn, followed by a report by Dicker et al[2] in the same year. We report on a case of a rudimentary horn pregnancy who benefited from laparoscopic surgery.

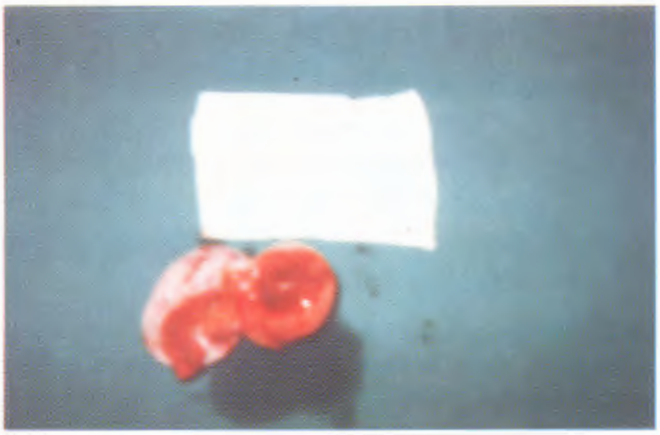
## Case Report

Mrs. G. B. was admitted on 7th March, 2001 with an amenorrhea of nine weeks. She was Para 1+1 with a living child of 7 years, and she did not want further issues. She had taken medication for termination of pregnancy, after the pregnancy test was found positive. When withdrawal bleeding did not occur, she had a D and C done before admission during which only thick endometrial tissue was obtained with no products of conception.

On examination she was anemic but her vital signs were stable. Her abdomen was soft and non-tender. On pelvic examination, the uterus was bulky, two horns of the uterus could be felt and a tense cystic mass of about 5 cm could be felt in the right fornix. On ultrasonography, pregnancy in one horn of a bicornuate uterus was suspected.

On 8th March, 2001, she was taken up for laparoscopic surgery. Under anesthesia, we initially tried to negotiate into the uterine cavity vaginally, under laparoscopic guidance, but the uterine sound could only be inserted into the left side of the cavity. On laparascopy there was seen a large pregnant rudimentary horn on the right side with a normal right fallopian tube. The right ovary was cystic and ruptured during manipulation. The contralateral tube and ovary were normal.

Laparoscopic resection of right sided rudimentary pregnant horn with right salpingo-oophorectomy with left-sided tubectomy was done by cauterizing the right round ligament, right infundibulopelvic ligament and the connecting band between the rudimentary horn and the left horn of the uterus, using bipolar coagulation. The right ovary could not be preserved as it was adherant to the right tube close to the rudimentary horn, was cystic and enlarged and could not be separated. The pregnant rudimentary horn, along with the ipsilateral tube and cystic ovary was removed in toto using monopolar cautery and taken out through a colpotomy incision (Photograph 1). The patient's postoperative recovery was uneventful with no complications. Histopathology of the specimen revealed normal uterine musculature with abundant villi, confirming the diagnosis of rudimentary horn pregnancy with right corpus luteal cyst.



**Photograph 1 :** Rudimentary horn with pregnancy.

## References

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Correspondence :
Dr. Luna Pant
6, Hill View Road, Northern Town, Jamshedpur - 831 001.
Tel. 0657-425047. E-mail: lunapant@yahoo.com.in