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Unruptured pregnancy in rudimentary horn presenting as hemoperitonium: Case Report

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Introduction: Unicornuate uterus accounts for 2.4% to 13% of all mullerian anomalies [1]. An estimated 75-90% of unicornuate uteri with rudimentary horns are non communicating. Pregnancy in rudimentary horn is rare ie 1:76,000 and 1:1,40,000 pregnancies [2], and is associated with 70% risk of uterine rupture occurring before 20 weeks of gestation leading to life threatening intraperitonial hemorrhage[3].We report a case of unruptured rudimentary horn pregnancy with hemoperitoneum at 19+5 weeks of gestation, diagnosed as bicornuate uterus with pregnancy in left horn is first trimester USG.

Case report A 29 years old primigravida was admitted in our hospital at 19+5 weeks with complaints of pain in lower abdomen for 3 days and aggravated for past 6 hours with no history of bleeding per vaginum, trauma.Her

previous USG at 10 weeks showed a bicornuate uterus with a viable gestation corresponding to 10+3 weeks of the gestational age in the left horn. Urgent USG was done which showed a single live fetus corresponding to 19 weeks in the left uterine horn and suspicion of thinning of myometrium in the fundus with severe probe tenderness .Free fluid present in the abdomen which was aspirated under USG guidance and was haemorrhagic. In view of hemoperitoneum and suspicion of rupture patient was planned for emergency laparotomy. Intraoperatively there was 200 ml of hemoperitonium and 100 grams clots. Blood was seen oozing from the

left fimbrial end. There was an enlarged gravid intact rudimentary horn connected to the left wall of uterus by a fibrous band and the ipsilateral tube was stretched over the horn. The rudimentary horn was excised

and ipsilateral salpingectomy was done.

Conclusion: Non communicating rudimentary horn pregnancy is a rare entity but carries grave consequences for the patient. Most cases are missed on routine USG and are diagnosed only after rupture and emergency laparotomy. This case highlights the need for further work up with MRI where there is USG based

diagnosis or a suspicion of mullerian anomalies. Early diagnosis and early interventions will avoid maternal morbidity and mortality.

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