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A rare case of recurrent non-communicating rudimentary horn pregnancy

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A 29-year-old woman presented to a teaching hospital in her index pregnancy for routine dating and nuchal scan at 12 weeks gestation in her third pregnancy, during which a rudimentary horn pregnancy was suspected. In her first pregnancy, real-time pelvic ultrasound and Magnetic Resonance Impedance (MRI) scan showed a bicornuate uterus with no obvious communication between the cervix and the left horn. At 12 weeks of gestation, she then underwent a laparotomy and the pregnancy was excised via a fundal incision in the left rudimentary uterine horn, which was left *in situ*. Her second pregnancy concluded in a complete miscarriage at 8 weeks gestation. A repeat confirmatory scan was sought at a tertiary referral center and this confirmed a non-communicating rudimentary left uterine horn live ectopic pregnancy. In view of the significant risk of rudimentary horn rupture with massive intraperitoneal bleeding, a laparotomy was scheduled. At laparotomy, the rudimentary horn was attached to the unicornuate uterus by a wide band of myometrial tissue which was divided and rudimentary horn along with pregnancy *in situ* was removed.

Biography

M Tiwari, MRCOG, specialist registrar in obstetrics and gynecology. Ex-Clinical fellow at Sir HN Reliance Hospital and Research Hospital, Mumbai, India. Ex-Senior Registrar at Lokmanya Tilak Municipal Medical College and Lokmanya Tilak General Hospital, Mumbai, India. Specialty registrar at North Middlesex University Hospital, London, UK.

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