

Rupture of rudimentary horn pregnancy with catastrophic haemorrhage

Lalita Joshi

Shree Birendra Military Hospital, Chhauni

Abstract

A 20 yrs primigravida who had attended antenatal clinic 2 weeks back, presented with shock acute abdomen and jaundice at 18 weeks of gestation. Clinically there was evidence of free fluid in the abdominal cavity. Ultrasonography showed dead fetus with haemoperitoneum which was massive at laparotomy. There was rupture of the rudimentary horn on the left side. This was attached to the normal uterus with the broad band. The placenta and fetus in a sac was lying in the peritoneal cavity. The tubes and ovaries on both sides were found normal.

Key Words: Rudimentary horn, hemoperitoneum, acute abdomen in second trimester.

Introduction

Rudimentary horn is a developmental anomaly of the uterus. The rudimentary horn analogue may or may not communicate with the uterus. Most of the rudimentary horns are non communicating. Here pregnancy occurs from transperitoneal migration of the sperm or ovum from opposite side. This observation was made from corpus luteum seen on the contralateral side to the rudimentary horn containing a pregnancy in 8.1% cases.

Pregnancy in the rudimentary horn of uterus is rare although, more than 500 cases of have been reported since Manricean description in 1669.¹ The incidence of rupture of rudimentary horn pregnancy is 1:40,000 pregnancies, which in one of the series showed 11 out of 13 unicornis uterus having rudimentary horn.² Signs and symptoms of ectopic pregnancy appears eventually after rupture of the rudimentary horn haemoperitoneum. Most pregnancies in rudimentary horn rupture in the first or second trimester.

Case

A 20 years old primigravida at 18 weeks of gestation presented with acute onset of severe abdominal pain in a state of shock with vaginal bleeding, hypotension,



Figure 1. Clots covering ruptured rudimentary horn

tachycardia and yellowish discoloration of conjunctiva. She had visited the antenatal clinic 2 weeks earlier, when she was asymptomatic. On examination her general condition was poor. Pallor was present (+ + +), pulse rate 120/minute and systolic BP 80 mm of Hg. Abdominal examination showed distension with generalized tenderness and a mobile mass. Clinically, the height of uterus was 16 weeks which was corresponding to the period of amenorrhea. There was evidence of free fluid

Correspondence

Dr/Brig. Gen Lalita Joshi, DGO

Consultant Gynaecologist & Obstetrician, Head, Surgical Division, Shree Birendra Military Hospital, Chhauni, Kathmandu.

Email: ppjoshi@htp.com.np



Figure 2. On opening it appeared as cystic mass

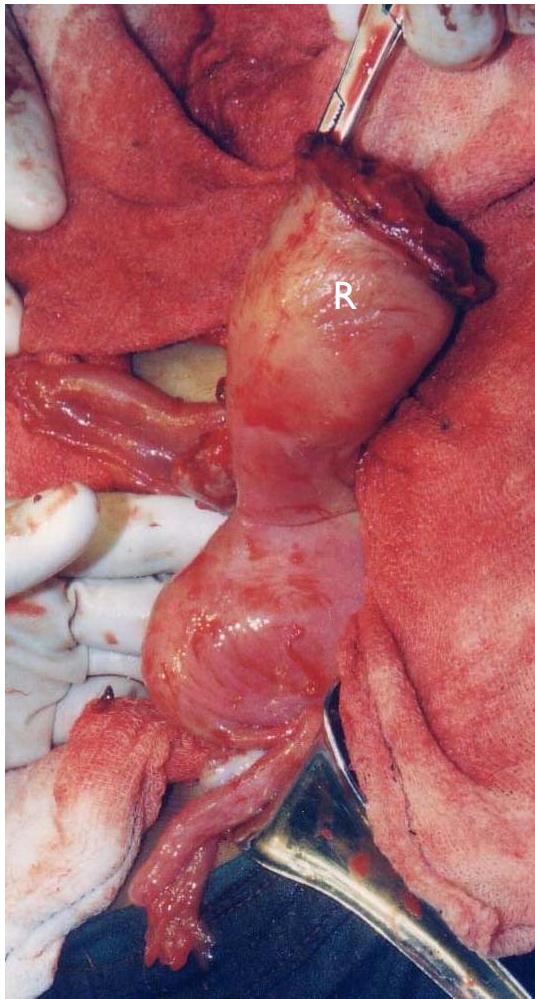


Figure 3. Rudimentary horn

in the peritoneal cavity. Per vaginal exam revealed an 8 weeks size anteverted uterus with blood mixed discharge. The cervical Os was patulous and admitted 1 finger. In view of clinical evidence of free fluid in peritoneal cavity, ultrasonography was done which showed a dead fetus corresponding to 17 weeks of gestation on left side of uterus and was diagnosed as rupture of ectopic pregnancy. She was simultaneously resuscitated and taken up for emergency laparotomy as the pre operative haemoglobin was 4.9gm%. Intraoperatively massive haemoperitoneum was noted with ruptured left rudimentary horn, whereas the foetus and placenta were lying in the peritoneal cavity (Fig 1, 2, 3).

The ruptured rudimentary horn which was larger than the main uterus was attached to it by a broad band. Resection of left rudimentary horn was done along with salpingo-oophorectomy. Right tube, ovary and uterus were found to be normal. Abdomen was closed after ensuring haemostasis and peritoneal lavage. Five units of blood were transfused intra and post operatively. Post operative period was uneventful, drain was removed on 3rd day; all stitches were removed on 7th day. Her postoperative intravenous pyelography was normal. Her icterus improved slowly and she was discharged on 29th day of operation.

Comments

Rupture of rudimentary horn of pregnancy is not surprising which tends to occur towards mid trimester.³ A similar case with rupture at 18 weeks has been reported.⁴

Jaundice which was seen in this case was probably due to the massive haemolysis of the red blood cells. The liver function test showed insignificant increase in total and conjugated serum bilirubin with normal return within 10 days. This also indicated that the bilirubin levels of more than 4mg/dl (total bilirubin) shows some degree of hepatic dysfunction.

It is difficult to make the diagnosis of rudimentary horn pregnancy before it ruptures or surgical exploration. However trans-vaginal ultrasonography has been successful in detecting such anomaly where laparoscopic management has been carried out.⁵⁻⁷

Because of the rarity, confusion may occur with interstitial type of tubal pregnancy or cornual pregnancy. A distinguishing feature is locating the insertion of the round ligament which is always lateral to the uterus in the cornual pregnancy. Where fibrotic band exists rudimentary horn and main uterus.

Acknowledgement

I thank Mr. Mohan Krishna Shrestha and Mr. Nabindra Raj Ghimire for helping in photography and computer for preparation of the case report.

References

1. Nahum GG. Rudimentary uterine horn pregnancy. The 20th-century worldwide experience of 588 cases. *J Reprod Med* 2002; 47(2):151-63.
2. Heinonen PK. Unicornuate uterus and rudimentary horn. *Fertil Steril* 1997;68(2): 224-30.
3. Tufail A, Hashmi HA. Ruptured ectopic pregnancy in rudimentary horn of the uterus. *J Coll Physicians Surg Pak* 2007; 17 (2):105-6.
4. Jerbi M, Trimech A, Choukou A, Hidar S, Bibi M, Chaieb A, Khairi H. Rupture of rudimentary horn pregnancy at the 18th week of gestation: a case report. *Gynecol Obstet Fertil* 2005; 33(7-8): 505-7.
5. Holden R, Hart P. First trimester Rudimentary horn pregnancy: pre rupture USG. *Obst Gynae* 1983; 61:56
6. Chopra S, Suri V, Aggarwal N. Rudimentary horn pregnancy: prerupture diagnosis and management. *Indian J Med Sci.* 2007; 61(1): 28-9.
7. Yahata T, Kurabanyashi T, Tueder. Tubal laparoscopic management of rudimentary horn pregnancy (a case report). *Reprod. Medicine* 1898 42(3) 223 – 6