RUDIMENTARY HORN PREGNANCY: PRERUPTURE DIAGNOSIS AND MANAGEMENT

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ABSTRACT

A unicornuate uterus with a rudimentary horn is a rare mullerian abnormality which may cause many gynecological and obstetrical complications. Rupture of pregnant rudimentary horn in the second trimester is the usual presentation, resulting in maternal morbidity and even mortality.

Key words: Magnetic resonance imaging, rudimentary horn pregnancy, ultrasonography

A 32-year G4P3003 at 30+4 weeks gestation presented with intrauterine fetal death diagnosed on ultrasonography (USG) at 26 weeks after one episode of vaginal bleeding. Extraamniotic ethacridine lactate was instilled for termination of pregnancy at a government hospital. Subsequently, she received sublingual misoprostol. As the patient did not abort, she came to our hospital.

On examination, vitals were stable and uterus was corresponding to 14-16 weeks size. On vaginal examination, a closed cervical os, normal size uterus deviated posteriorly and a mobile mass in anterior fornix was felt. USG revealed a normal size nonpregnant uterus and a single dead fetus of 16 weeks parameters in a thin myometrial sac anterior to uterus. A Foley’s catheter was inserted transcervically and bulb inflated with 10 cc normal saline. Repeat USG showed the catheter bulb in the uterine cavity posterior to the sac containing the fetus, thus confirming the pregnancy to be outside the normal uterine cavity and most probably in the rudimentary horn [Figure 1]. On laparotomy, uterus was normal size. Left rudimentary horn with dead fetus was identified with left tube and ovary attached to...
Reconstructed 3D CT angiographic image

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None declared.

If ultrasonography remains inconclusive, use of magnetic resonance imaging has been suggested.[2,3]

Use of labor induction agents for termination of pregnancy in a rudimentary horn is unsuccessful and can even lead to rupture of the horn, as reported by Samuels,[3] although our patient did not have this complication. Once the prerupture diagnosis of rudimentary horn pregnancy has been made, the management includes surgical resection of the horn along with the fallopian tube on that side,[3] as was performed in our patient.

REFERENCES
5. Kriplani A, Relan S, Mittal S, Buckshee K. Pre-

Figure 2: Pregnant rudimentary horn

it [Figure 2]. The horn along with left fallopian tube was excised, and right fallopian tube was ligated.

The usual outcome of rudimentary horn pregnancy is rupture in second trimester in 90% of cases.[1] Early diagnosis of this rare form of pregnancy prior to rupture is essential for successful management in order to prevent maternal morbidity and mortality.[2] Though uterine anomalies can be suspected on bimanual or ultrasonographic examination,[2,3] these can be diagnosed in only 14% cases before they become symptomatic.[4] In a review of 266 rudimentary horn presentations (210 gynecologic and 156 obstetric), sensitivity of USG as a diagnostic tool was shown to be 26%.[4]

Ultrasoundographic criteria for diagnosis of RHP as suggested by Tsafrir et al.[2] are a): a pseudo pattern of a asymmetrical bicornuate uterus b) absent visual continuity tissue surrounding the gestation sac and the uterine cervix and c) presence of myometrial tissue surrounding the gestation sac, as was seen in our case.

![Figure 2: Pregnant rudimentary horn](image1.png)

![Figure 1: T2 weighted axial MR Image of brainstem](image2.png)