

INTRODUCTION: Most often uterine developmental anomalies are missed until later in life presenting as infertility. A unicornuate uterus with a rudimentary horn is an anomaly caused by defective fusion of one of the paired Mullerian ducts

CASE-REPORT: Mrs. X, 29-year-old, nulligravida presented to the Outpatient Department of Obstetrics and Gynaecology. She has been married for 3 years. Attained menarche at the age of 13. Her cycles are regular. 5/30 days, moderate flow. She's married to Mr. X, 31 year, farmer. Coital history was insignificant. Couple is evaluated for infertility and husband is found to be azoospermia. She had history of Infertility treatment done elsewhere. She has come to us for further management

INVESTIGATIONS:

- USG- Uterus didelphys with rudimentary left horn
- Semen analysis : Azoospermia
- Hysteroscopy- Cervical canal, External/Internal os – normal, cavity. Appears adequate, Right ostia – normal. Posterior wall endometrial polyp. Noted and removed by cold scissors.
- Laparoscopy- Right horn of uterus is well developed. Left rudimentary Non communicating horn. Both tubes are seen Both ovaries - Normal. Right fimbrial cyst seen, same punctured and cyst wall partially was peeled. Right tube is patent. Left tube is seen arising from rudimentary horn.
- Testicular biopsy - Focal hyalinisation with features suggestive of Complete maturation arrest



MANAGEMENT:

- Artificial Insemination done for 4 cycles and patient conceived in fourth cycle
- Patient is being closely monitored till term
- Patient presented to OPD at 39 weeks+4 days period of gestation and was taken up for Emergency LSCS in view of Non-Reassuring fetal heart rate. She delivered an Alive Boy baby of birth weight 2.810 kg on 30/07/2024 at 3:01 pm with APGAR 8/10, 9/10 with vertex presentation.
- Intraoperative findings- Unicornuate uterus with rudimentary horn. Right fallopian tube and ovary are normal. Left fallopian tube is seen arising from the rudimentary horn.

DISCUSSION:

- Impact on Female Reproduction- increased risk of miscarriage, preterm labour and delivery, risk of ectopic pregnancy, intrauterine growth restriction.
- When male infertility is also a factor, the reproductive challenges become more complex.
- Addressing both male and female factors is crucial for optimising fertility outcomes in such cases.

CONCLUSION:

- Unicornuate uterus is associated with increased risk of adverse pregnancy outcome
- Removal of functional rudimentary horn should be discussed with patient to prevent ectopic pregnancy,
- Our case is rather unique because patient had sustained full term pregnancy without fetal and maternal compromise.

REFERENCES:

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