

# Title: LAPAROSCOPIC MANAGEMENT OF A NON-COMMUNICATING RUDIMENTARY HORN OF A UNICORNUATE UTERUS: A CASE REPORT

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## INTRODUCTION

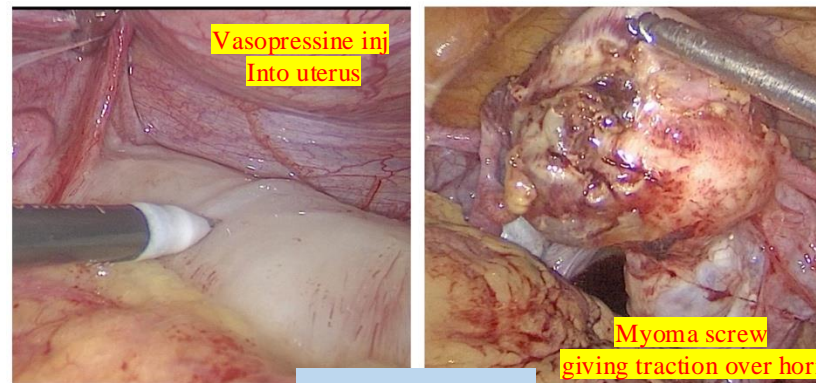
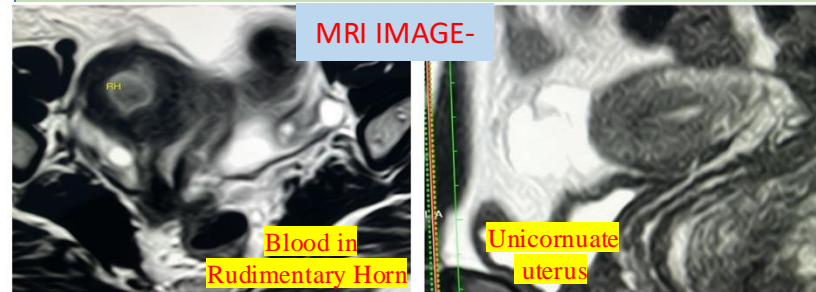
A unicornuate uterus with a non-communicating rudimentary horn is a very rare uterine anomaly of the female genital tract. Estimated frequency of **one in 100,000** among the fertile female population. According to ASRM<sup>1</sup> -constitutes to 15% of all anomalies and only 22% have a non communicating horn .This anomaly results from **incomplete** development of one mullerian duct .

## CASE REPORT

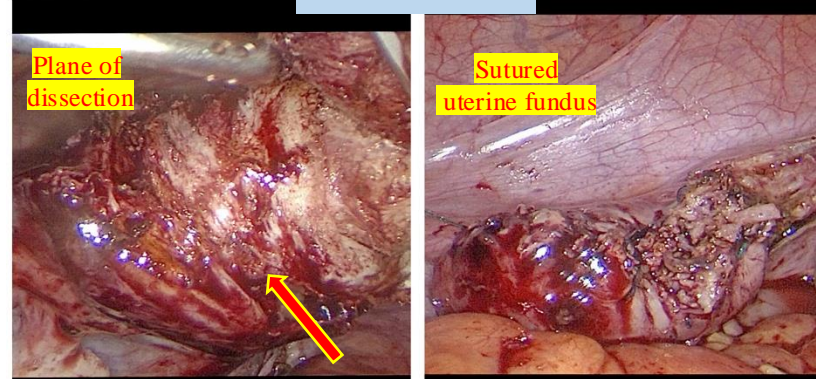
A 23-year-old nulligravida with progressively worsening **dysmenorrhea** and primary **infertility** underwent pelvic ultrasound, revealing a unicornuate uterus with an adnexal mass. MRI confirmed a non-communicating rudimentary horn, and **laparoscopic excision** was scheduled.



## INTRAOPERATIVE FINDINGS



## LAP PICTURE



## DISCUSSION

Obstructive uterine anomalies can present with cyclic pelvic pain, infertility and complications like ectopic pregnancy or endometriosis. So early diagnosis is imperative and requires modalities of higher visualisation like 3D USG or **MRI**<sup>2</sup> which is considered gold standard in diagnosis. Treatment of choice is mainly **surgical** .The main challenge of lap<sup>3</sup> is in identifying the indistinct tissue planes between the horn and the uterus. Vasopressin helped in having a clean surgery.

## CONCLUSION

**Early diagnosis** and prompt operative laparoscopy is the best approach for Type 2b Mullerian abnormalities. Laparoscopy results in better anatomical and reproductive outcomes .

## REFERENCES

- 1.Pfeifer SM et al.,2021,ASRM müllerian anomalies classification . Fertility and sterility.
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- 3.Nezhat F,et al., Laparoscopic amputation of a noncommunicating rudimentary horn after a hysteroscopic diagnosis: a case study. Surgical Laparoscopy Endoscopy & Percutaneous Techniques. 1994