

Title: “A rare case of 10-weeks pregnancy loss in a non-communicating rudimentary horn of unicornuate uterus : Diagnostic and Management Challenges.

Introduction: Pregnancy in a unicornuate uterus with a non communicating rudimentary horn is very rare and carries high risk of rupture and complication.

Objective: To describe a rare case of a non-communicating rudimentary horn pregnancy and analyzing its clinical presentation, diagnostic challenges & management.

Case operation procedure : A 18-year-old primigravida presented at 10+2 weeks of amenorrhea with lower abdominal pain. She was hemodynamically stable. PA exam revealed a soft, non-tender lower abdomen. PV exam showed a bulky uterus, mild cervical motion tenderness, and a tender, slightly restricted 5×5 cm right adnexal mass arising from the uterus. Left adnexa was non-palpable and non-tender. UPT was positive. TVS showed a 10-week 2-day pregnancy by CRL, with no cardiac activity. A G-sac with thick walls and internal echoes was seen in the right adnexa, suggesting a right cornual ectopic pregnancy with EPF. Serum β -hCG was 252.18 mIU/mL. Emergency laparotomy revealed a 5×5 cm right cornual pregnancy lateral to the round ligament, with normal left tube and ovaries. To save fertility, a right cornuostomy with salpingectomy was performed. Post-op patient was stable, and her β -hCG normalized by day four.



Fig 1 intra-op picture showing right sided interstitial pregnancy

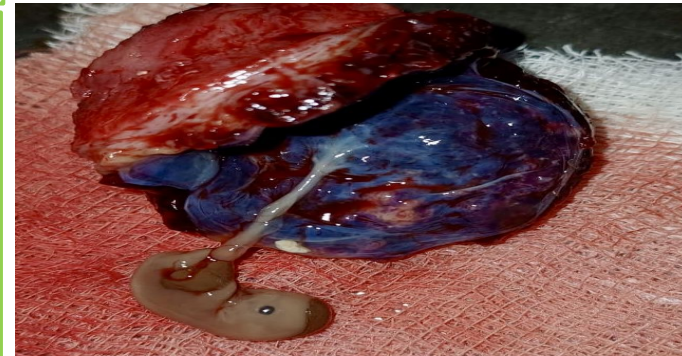


Fig2 showing resected rudimentary horn with fetus and placenta

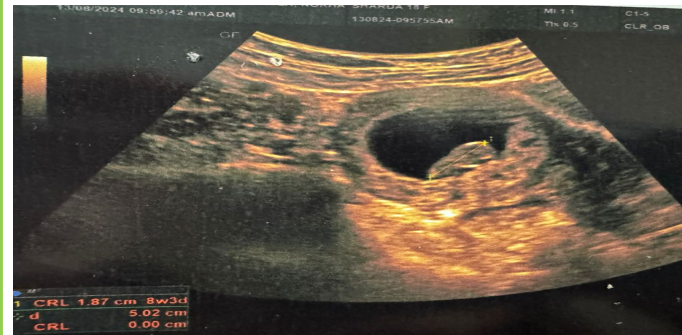


fig 3 Scan at 10+2 weeks gestation showing single eccentric g-sac with fetal pole in right horn of uterus with heterogeneous wall thickening

Discussion : This case highlights the rarity and risks of a right cornual ectopic pregnancy, including uterine rupture and infertility. Early diagnosis through transvaginal ultrasound and prompt surgical intervention, as performed here, is crucial. A multidisciplinary approach ensures optimal outcomes, emphasizing the importance of fertility preservation and counseling for future pregnancy planning.

Conclusion : A unicornuate uterus with a non-communicating rudimentary horn is a rare anomaly posing risks like uterine rupture and hemoperitoneum. Early first-trimester scans are vital for timely diagnosis and intervention. In resource-limited settings, raising awareness and maintaining vigilance can help prevent severe complications.

Acknowledgement : I sincerely thank the patient for consenting to the publication of this case and extend my gratitude to the entire team whose expertise and dedication ensured optimal care.

References : 1. Bidiga, S., Henry, K., Augustino, O. et al. Rudimentary horn pregnancy, a differential diagnosis of an intra abdominal pregnancy: a case report. J Med Case Reports 17, 210 (2023).

<https://doi.org/10.1186/s13256-023-03882-5>