



A RARE CASE OF PREGNANCY IN A RUDIMENTARY HORN OF THE UTERUS: A DIAGNOSTIC AND PATHOLOGICAL INSIGHT

Dr. Akash Gaur

PG Resident - Department of Pathology, Government Medical College, Pali (Rajasthan)

Dr. Mahmood Ali Sayed

Professor - Department of Pathology, Government Medical College, Pali (Rajasthan)

Dr. H. P. Toshniwal

Sr. Professor & Head - Department of Pathology, Government Medical College, Pali (Rajasthan)

ABSTRACT

Background: Rudimentary horn pregnancy is a rare form of ectopic gestation resulting from abnormal development of the Müllerian duct system. Pregnancy in a rudimentary horn is a rare but potentially life-threatening condition. Its timely diagnosis and surgical management are essential to prevent catastrophic complications

KEYWORDS :

INTRODUCTION

Rudimentary horn pregnancy is a rare form of ectopic gestation resulting from abnormal development of the Müllerian duct system. It poses a diagnostic challenge as patients may present with nonspecific symptoms, and the condition is often identified only after rupture or during surgical exploration. Early recognition is crucial to prevent maternal morbidity and mortality.

Case Report

A 29-year-old female presented with complaints of lower abdominal pain and amenorrhea since 5 months.

Radiological Findings

USG - No Hemoperitoneum was seen at present scan, Mild bulky uterus with blood clots seen in endometrial cavity, Oligohydramnios was noted, dead fetus seen in left side of abdomen suggestive of? Left Cornual Pregnancy / Intraabdominal Pregnancy.

Gross Appearance

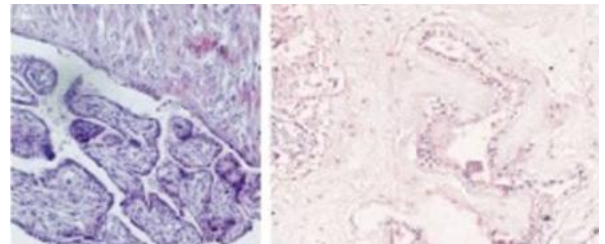
The patient was operated and excised tissue was sent in the pathology department of Government Medical College, Pali as a globular soft-tissue mass ($9.5 \times 8 \times 6$ cm) comprising a rudimentary uterine horn ($7 \times 6 \times 5$ cm) with an attached placenta ($6 \times 4 \times 4$ cm) and umbilical cord (8 cm) was received. A 1.5 cm segment of fallopian tube was attached. On sectioning, the rudimentary horn showed a grey-white to grey-brown cut surface, with identifiable endomyometrium (1.5 cm; endometrium 0.3 cm thick). The placenta was friable, with intact capsule and a grey-brown, friable cut surface. The umbilical cord showed one vein and two arteries. The fallopian tube had an obliterated lumen.



Microscopic Examination

Sections from the rudimentary horn showed myometrial tissue with endometrial lining and endometrial glands along with areas of haemorrhage, sections from placenta shows chorionic villi with cytotrophoblast, syncytiotrophoblast lining and mesenchymal core. Histopathological findings confirmed

the diagnosis of pregnancy in a rudimentary horn of the uterus.



DISCUSSION

Rudimentary horn pregnancy poses significant diagnostic challenges due to its rarity and nonspecific clinical presentation. Most cases are diagnosed only after rupture, leading to severe internal bleeding and potential maternal mortality. Imaging modalities such as ultrasonography may fail to differentiate a rudimentary horn from a normal intrauterine pregnancy, making MRI a more reliable diagnostic tool when suspicion arises. Surgical excision of the rudimentary horn remains the definitive treatment to prevent recurrence and complications. Histopathological confirmation is essential to differentiate it from other ectopic gestations and to understand the structural anomalies associated with Müllerian duct malformations.

CONCLUSION

Pregnancy in a rudimentary horn is a rare but potentially life-threatening condition. Its timely diagnosis and surgical management are essential to prevent catastrophic complications. Histopathological evaluation remains crucial for confirmation and understanding of the pathology.

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