Research Paper Medical Science

A Case of Ruptured Rudimentary Horn Pregnancy with Placenta Percreta

Dr Anjali Rani	Associate prof. Dept of obs and gynae, IMS BHU varanasi
Dr Madhu Jain	Prof. Dept of obs and gynae. IMS BHU
Dr MadhuKumari	Senior resident. IMS BHU
Dr ShikhaSahay	

ABSTRACT

Pregnancy in a rudimentary horn with placenta percretais a very rare condition. In can cause rupture of rudimentary horn and patient will present with complains of amenorrhoea, pain abdomen and features of shock if there is rupture of rudimentary horn. In ou 25 year oldprimigravida at 16 weeks gestation presented with clinical features of shock. Urgent laparotomy was done after resuscitation . There was hemoperitoneum present about 1.5 litre and it was pregnancy in rudimentary horn and it was rupture of rudimentary horn and placenta was percreta and resection of the rudimentary horn was done and postoperative period was uneventful.

KEYWORDS Rudimentary horn, Rupture, Placenta percreta, Pregnancy

Introduction:
The prevalence of ruptured rudimentary horn is not precisely known.Mullerian duct anomalies have increase chance of bad obstetric outcome. Patient with Mullerian anomalies presents with amenorrhoea, dysmenorrhoea and sometime as adenexal mass. They can presents with recurrent abortions, infertility also.So many times they are diagnosed first time during surgical procedure only.

The aim of presenting this type of case is to awareness about this type of cases and they should always kept in mind as dfferential diagnosis.

Case history:
25 years old unbookedprimigravidae at 15 weeks of gestation presented with complain of acute pain abdomen and fainting attack. On examination she was dehydrated and cold climy hands. Pulse rate was 134/minute feeble. Her BP was 88/50 mm Hg. Moderate pallor was present. On doing abdominal examination there was distension in abdomen.Intravenous fluid started .blood grouping and cross matching done.Blood transfusion started. After intial stabilization emergency laparotomy was done.

Preoperative findings:There was hemoperitoneum around 1.5 liter. Fetus was in abdominal cavity and it was not live.. Two horns of uterus are separatedly seen as shownin(fig1). There was rupture seen in rudimentary horn and placenta was adhered to the uterus as shown in fig 2.. Rudimentary horn was excised and hemostasis secured as shown in (fig 3). Fig 4 shows the fetus with part of placenta. Specimen was sent for histopathology examination. Blood transfusion was given. Postoperative period was uneventful.

Histopatholgy shows features of placenta percreta .

DISCUSSION:
The incidence of Mullerian anomalies is not very high and rudimentary horn pregnancy is also very rare. They mostly have bad obstetric outcome[1-2]. There are very few cases in the literature.Similar cases are found by Fouelifack[3] et al, Kulkarn[4] et al and Kanga et al[5]. Sometime these patients are accidently diagnosed during surgery.The diagnosis and management in poor resource area is very difficult[6].Thesepaitentswith Mullerian anomalies presents with complains of dysmenorrhoea, adenexal mass, amenorrhoea. After marriage these patietspresets with complain of infertility, recurrent miscarriage. Very rarely they presents with rupturedrudimentary horn pregnancy. In our case patient has ruptured rudimentary horn pregnancy with placenta percreta.

These cases should be always kept as differential diagnosis if a patient in reproductive age group presents with acute abdomen.These days because of advanced imaging techniques like 3D USG and MRI these problems can be diagnosed easily and morbidity and mortality can be decreased.

CONCLUSION:
Pregnancy in a rudimentary horn is very rare and sometime diagnose accidently during imaging or surgery.We should always keep a differential diagnosis of rudimentary horn pregnancy in a patient with acute abdomen and clinical features of shock. Sometime these patient can present like twisted ovarian cyst or ectopic pregnancy.

REFERENCES

1. Reichman D, Laufer MR, Robinson BK. Pregnancy outcomes in unicornuate uteri: a review. Fertility and sterility. 2009;91(5):1886-94. 2. Rackow BW, Arici A. Reproductive performance of women with mullerian anomalies. CurrOpinObstet Gynecol.2007;19(3): 229-37 3. FouelifackFY,Fouogue JT, Messi JO, Kamga DT, Fouedjio JH, Sando Z. Spontaneous second trimester ruptured pregnancy of rudimentary horn: a case report in Yaounde, Cameroon. Pan Afr Med J.2014 May 26;18:86 . 4. Kulkarni K, Ajmera S. Pregnancy in rudimentary horn of uterus. Indian J Med Sci. 2013 Jan-Feb;67(1-2):45-7. 5. Kanagal DV, Hanumanalu LC. Ruptured rudimentary horn pregnancy at 25 weeks with previous vaginal delivery: a case report. Case Rep ObstetGynaecol. 2012. 6. Nathan H, Sornum A. Diagnosis and management of a ruptured rudimentary horn pregnancy in a low resource setting. BMJ Case Rep.2013.