MEDDOCS Open Access Publisher

ISSN 2641-6522

Annals of Obstetrics and Gynecology

Open Access | Case Report

Non-Communicating Rudimentary Horn Pregnancy Presenting as a Second Trimester Missed Abortion: A Case Report

Hanna Teklu[1]; Abraham Fessehaye Sium[1]*; Yohannes Godie[2]

[1]Department of Obstetrics and Gynecology, Sait Paul's Hospital Millennium Medical College, Addis Ababa, Ethiopia.

[2]Debre Markos University, College of Health Science, Department of pediatric and child health, Debre Markos, Ethiopia.

***Corresponding Author(s): Abraham Fessehaye Sium**
Department of Obstetrics and Gynecology, Sait Paul's Hospital Millennium Medical College, Postal code 1271, Swaziland street, Addis Ababa, Ethiopia.
Tel: +251929123745;
Email: abrahamfessehaye4@gmail.com

Received: Sep 04, 2023

Accepted: Oct 02, 2023

Published Online: Oct 09, 2023

Journal: Annals of Obstetrics and Gynecology

Publisher: MedDocs Publishers LLC

Online edition: http://meddocsonline.org/

Keywords: Unicorate uterus; Rudimentary horn pregnancy; Non-communicating rudimentary horn pregnancy; Uterine anomaly; Missed abortion.

Case Reports

A 23-year-old primigravida woman presented for safe termination of pregnancy after referred as a missed abortion from another center at gestational of 14 weeks. After ultrasound was repeated in our clinic which revealed intrauterine pregnancy with CRL 14 weeks and negative fetal heartbeat, she was provide mifepristone 200mg oral and admitted for medication abortion on the following day of her presentation with the same diagnosis. Her complete blood count was normal. She was provided 16 doses of misoprostol 400 micrograms sublingually after which failed medication abortion was entertained and intra-cervical foley catheter was placed and another 6 does of the same misoprostol dose was provided simultaneously, yet there was no progress in cervical dilation (the cervix was still closed). Pelvic ultrasound was repeated with a consideration of abdominal pregnancy. A diagnosis of unicoruntate uterus with rudimentary horn pregnancy was suspected, which was subsequently confirmed with Pelvic MRI. Elective laparotomy was done with intraoperative finding of unicorunate uterus with rudimentary horn pregnancy (Figure-1S1). Wedge resection of the pregnancy with horn and left salpingectomy was done. Laparotomy was done and the rudimentary horn excised. It was found to be non-communicating. The cut section of the specimen con-

Cite this article: Teklu H, Fessehaye Sium A, Godie Y. Non-Communicating Rudimentary Horn Pregnancy Presenting as a Second Trimester Missed Abortion: A Case Report. Ann Obstet Gynecol. 2023; 6(2): 1055.

tained an intact dead fetus of appreciatively 14 weeks (Figure 1S2. Patient was discharged three days with improvement.

Approximately 1 in every 76,000 pregnancies develops within a unicornuate uterus with a rudimentary horn [3]. When the pregnancy exceeds the first trimester there is increased risk of uterine rupture. Over 89% of such pregnancies end-up experiencing rupture in the 2nd trimester and only 1% may succeed with live birth [4,5]. Although MRI is the most commonly used imaging modality to differentiate the different uterine structural malformation, ultrasound can be used to make the diagnosis of pregnancy in a rudimentary horn [2,5]. Both modalities were used in our case which demonstrated similar conclusion- a non-communicating rudimentary horn pregnancy.

The definitive diagnosis is made by laparoscopy or laparotomy especially in those cases complicated with uterine rupture [2]. Medication abortion should not be provided to non-communicating rudimentary horn cases who seek abortion care, as it carries a high risk of uterine rupture and failed medication abortion [6,7], as it was encountered in our case. *Costas Panayotidis and Sanjay Prabhu* reported a similar case, a 14 weeks missed abortion case that underwent medication abortion before surgical abortion was attempted, which too failed, leading to suspicion of non-communication rudimentary horn pregnancy. The diagnosis was confirmed later with laparoscopy and laparotomy was done (because of diffuse adhesion that made laparoscopic resection difficult) through which the rudimentary horn excised and was found to be non-communicating [2]. The definitive management is a surgical approach with preferable laparoscopic approach under experienced hands and when available, otherwise laparotomy with a conservative surgery such as wedge resection, which was also utilized in our case, is advisable for nulliparous or infertile women.

In conclusion, second trimester missed abortion cases should undergo a meticulous ultrasound evaluation before proceeding with abortion care and a diagnosis of unicornate uterus with a rudimentary horn pregnancy should be considered. Medication abortion in such cases should preferably be avoided from the outset, otherwise it's unsuccessfulness should be picked early with a consideration of such Mullerian uterine anomaly. The suggested management approach for this rare case of uterine anomaly is surgical approach, preferably laparoscopy in good hands and laparotomy when laparoscopic services are not available, or the case is technically difficult (e.g., when complicated with uterine rupture).

Declarations

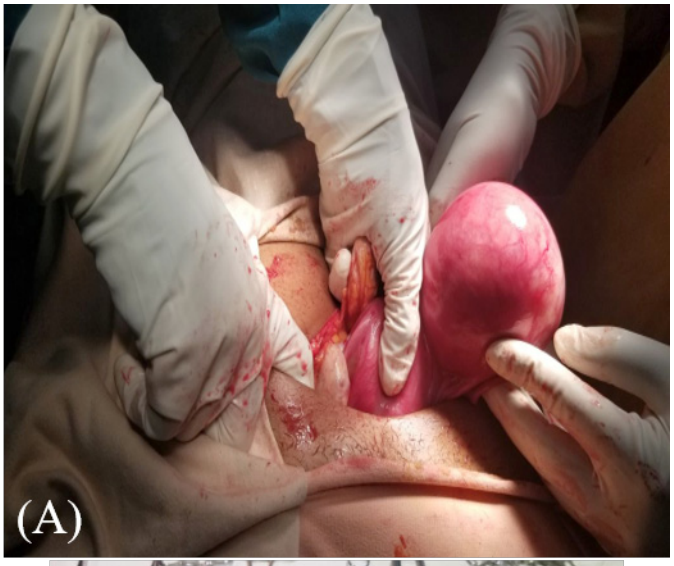
Consent for Publication: Written informed consent was obtained for the publication of this case report and accompanying images.

Authors' contributions: AFS and HT developed the concept and design of the case report. Both authors contributed the write up for manuscript. Both authors made critical revision for important intellectual content of the article. All authors approved the final manuscript.

Funding information: No funding was received for the publication of this article.

Conflict of interests: The authors have no conflicts of interest.

Data availability statement: The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.



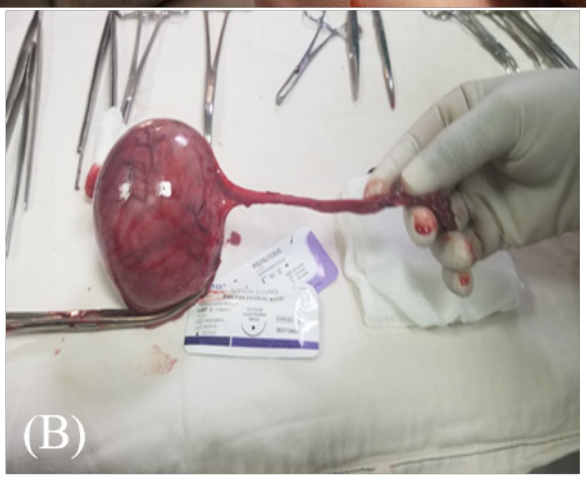


Figure S1 (A&B): Intra-operative finding of unicorunate horn with rudimentary horn.

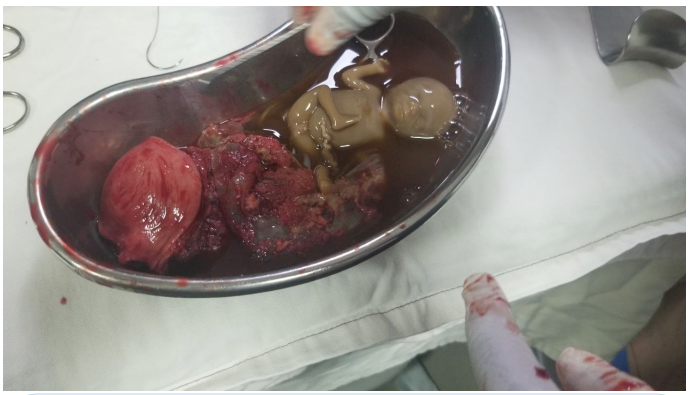


Figure 1 S2: The fetal part and placenta in the rudimentary horn after the sac is dissected, which revealed a non-communicating rudimentary horn with fetus appreciatively 14 weeks.

Synopsis: Non-communing rudimentary horn pregnancy can present as missed abortion and medication abortion should be avoided in such cases as it may precipitate uterine rupture.

References

1. Goel P, Aggarwal A, Devi K, Takkar N, Saha PK, Huria A. Unicornuate uterus with non-communicating rudimentary horn— different clinical presentations. J Obstet Gynecol India. 2005; 55: 155–158

2. Panayotidis C, Prabhu S. Management of un-ruptured pregnancy in a rudimentary horn of unicornuate uterus at 14 weeks gestation. Gynecological Surgery. 2007; 4: 281-4.

3. Souza CS, Dorneles GG, Mendonça GN, Santos CM, Gallarreta FM, Konopka CK. Pregnancy in non-communicating Unicornuate uterus: diagnosis difficulty and outcomes-a case report. Revista Brasileira de Ginecologia e Obstetrícia. 2017; 39: 640-4.

4. O'Leary JL, O'Leary OA. Rudimentary horn pregnancy. Obstet Gynecol. 1963; 22: 371.

5. Tsafrir A, Rojansky N, Sela HY, Gomori JM, Nadjari M. Rudimentary horn pregnancy: first-trimester prerupture sonographic diagnosis and confirmation by magnetic resonance imaging. J Ultrasound Med. 2005; 24: 219–223

6. Samuels T-A, Awonuga A. Second-trimester rudimentary uterine horn pregnancy: rupture after labor induction with misoprostol. Obstet Gynecol. 2005; 106: 1160–1162

7. Edelman AB, Jensen JT, Lee DM, Nichols MD. Successful medical abortion of a pregnancy within a noncommunicating rudimentary uterine horn. Am J Obstet Gynecol. 2003; 189: 886–887.