Ruptured Non-Communicating Right Rudimentary Horn Pregnancy

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Pregnancy in non-communicating rudimentary horn is extremely rare and unpredictable in women who have had a vaginal delivery. It carries grave consequences for the mother and fetus. The pregnancy usually terminates by rupturing in second trimester. Therefore, excision of the rudimentary horn and associated fallopian tube advised when diagnosed.

We present a case of ruptured rudimentary horn pregnancy where the diagnosis was missed by sonogram at 14 weeks gestation and presented as an acute abdomen and hypovolemic shock. She was managed through emergency lower midline laparotomy together with simultaneous resuscitation. Excision of the rudimentary horn and the right fallopian tube was done. The right ovary was conserved. Postoperative recovery was uneventful.

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Pregnancy in a rudimentary horn of a unicornuate uterus is a very rare condition\(^1\). The incidence of a pregnancy on a rudimentary uterine horn is about 1 in 76,000-1,50,000\(^2\). A rudimentary horn usually results from Mullerian duct anomalies in which there are defective fusions or defective absorption during embryonic life.

The aim of this report is to present a case of rupture non-communicating rudimentary horn of a unicornuate uterus in a Bahraini woman at 14 weeks of gestation.

THE CASE

The patient was Bahraini teacher, 36 year-old, gravida 5, para 3 and had one abortion. She presented to the accident and emergency department in shock. She was pregnant with an estimated gestational age of 14 weeks.

She presented with generalized abdominal pain of 24 hours duration associated with non-projectile vomiting and diarrhea. She also had dizziness and palpitation. However, there was no bleeding per vagina. At presentation, she was extremely pale, cold and clammy skin. Her pulse was 130 beats per minute and blood pressure of 80/50. The abdomen was distended with

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generalized tenderness. There was a mass arising from the pelvis corresponding to the size of 14