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HEMI UTERUS: A CASE STUDY DOCUMENTING LAPAROSCOPIC REMOVAL OF THE NON-COMMUNICATING HORN FOLLOWED BY SUCESSFUL TERM PREGNANCY

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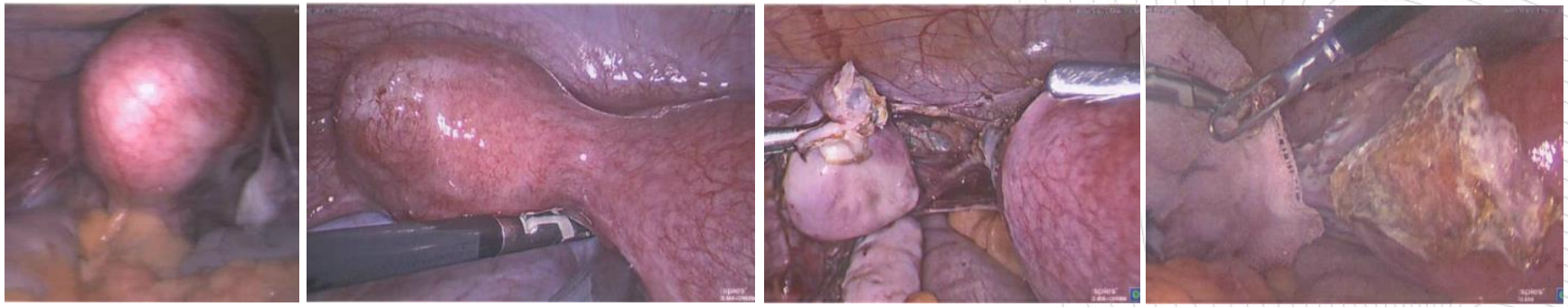
INTRODUCTION

A unicornuate uterus forms as a result of failed development of the Mullerian duct. The functioning, but non-communicating horn usually is surgically removed as women suffer with haematometra, endometriosis and are at increased risk of ectopic pregnancy. This case study describes the operative delivery of a child in a patient with a Class U4-Hemi Uterus who previously had a laparoscopic removal of the non-communicating uterine horn

CASE

We discuss the case of a 22 year old nulliparous women requiring a Caesarean Section after her non communicating rudimentary horn was removed laparoscopically 3 years previously for pelvic pain. After the laparoscopic surgery, future labour was recommended to be via elective caesarean section, treating the uterus as if it had a metroplasty or myomectomy. The Caesarean section was uncomplicated with minimal adhesions.

SURGICAL APPROACH: RESECTION OF THE RUDIMENTARY HORN



Findings upon entry included normal uterine fundus and body on right side. The left rudimentary horn was attached by a broad uterine attachment . After adhesiolysis and uterolysis, 30ml of vasopressin was injected into the attachment of the two horns. Dissection of the left horn and let salpingectomy was then achieved using a combination of Harmonic and bipolar.

SURGICAL APPROACH: CAESAREAN SECTION DURING SUBSEQUENT PREGNANCY

Subsequent Caesarean section was uncomplicated. Minimal adhesions were encountered during the procedure. The Left ovary appeared healthy and was located in the Pouch of Douglas. The uterus, at the site of dissection of the rudimentary horn, was of normal thickness and appeared to have coped with a gravid uterus well.

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CONCLUSION: The following case outlines a successful laparoscopic dissection of the non-communicating horn of a U4 hemiuterus. The operation was successful in reducing the patients chronic pelvic pain. This event was then followed by a successful term-pregnancy with labour managed as if the patient had a previous myomectomy. The uterus had appropriate thickness and strength to cope with a gravid uterus highlighting the safety of pregnancy post removal of the rudimentary horn.