

# Case Report: Laparoscopic Resection of a Functional Non-Communicating Rudimentary Uterine Horn

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## Background

The unicornuate uterus can be associated with the partial development of the contralateral Mullerian duct, resulting in a functional rudimentary uterine horn. Non-communicating uterine horns represent a challenging case for a gynaecologist as significant dysmenorrhoea may necessitate surgical management. The laparoscopic excision of a functional non-communicating uterine horn is a rare procedure of which there is minimal Australian literature.

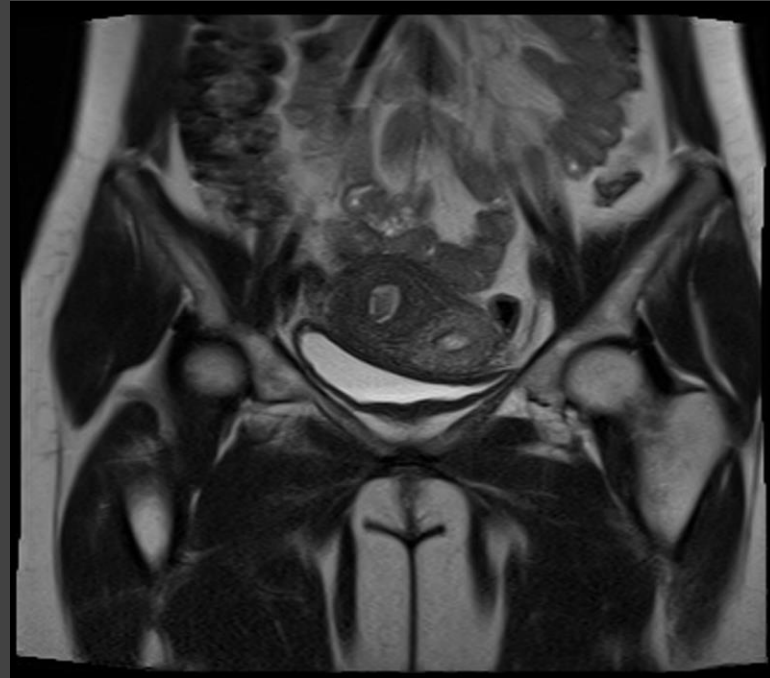
## Case

A 24 year old female refugee was referred to our service after having multiple presentations to the emergency department with severe dysmenorrhoea and menorrhagia. She had a significant past medical history of Fanconi anaemia with macrocytosis and Kippel Feil syndrome of the cervical spine. Ultrasound and MRI imaging (*Figure 1*) confirmed a Mullerian duct abnormality with a unicornuate uterus and right functional non-communicating rudimentary horn.

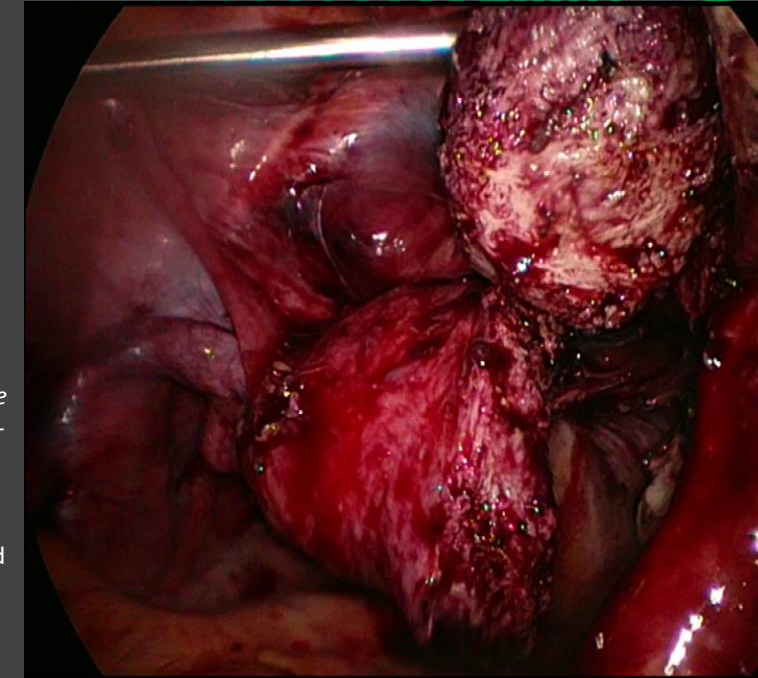
There was extensive multidisciplinary pre-operative planning including nursing, haematology, anaesthetic and gynaecology input. She required granulocyte colony stimulating factor injections and additional antibiotic prophylaxis for her procedure. She underwent hysteroscopy, laparoscopy, dye studies and excision of right rudimentary horn with salpingectomy. Hysteroscopy and dye studies confirmed the left functioning horn initially. The non-communicating cavity was then identified and excised using harmonic scalpel with care not to breach the normal cavity (*Figure 2*). The defect was then repaired with intracorporeal suturing. She made an uneventful recovery and was discharged the following day. She subsequently had a bone marrow transplant for her Fanconi anaemia and oocyte preservation for future fertility.

## Discussion

The unique challenges posed by the surgical management of a functional non-communicating rudimentary uterine horn require careful and methodical surgical planning for a successful outcome.



**Figure 1:** Preoperative MRI demonstrating a left unicornuate uterus and right functional non communicating rudimentary horn.



**Figure 2:** Intraoperative picture demonstrating the excision of the right rudimentary horn with harmonic scalpel.