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A Rare Case of Pregnancy in a Rudimentary Non-Communicating Uterine Horn

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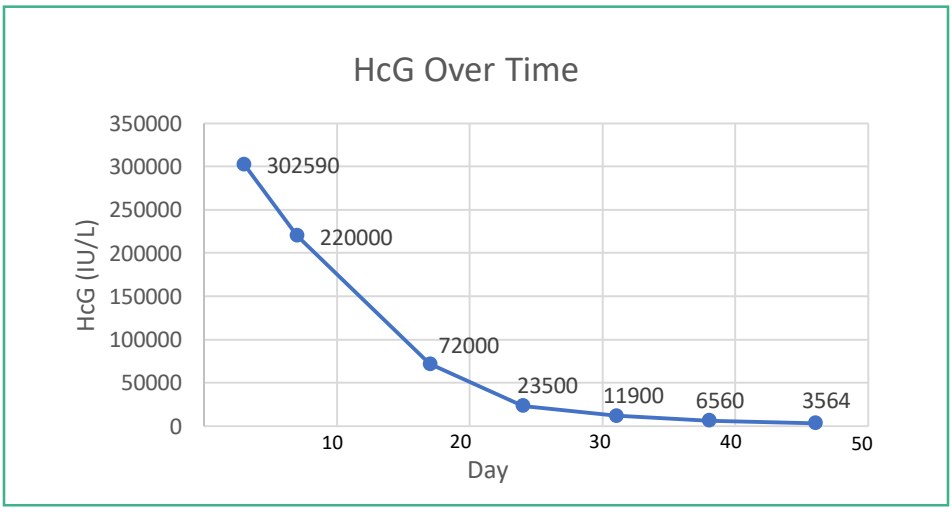
Background

Pregnancy in a rudimentary uterine horn is rare, with an estimated incidence of 1:76,000-160,000 pregnancies. If rupture occurs, life threatening haemorrhage can ensue. The risk of rupture increases with advancing gestation. Management involves either surgical resection of the rudimentary horn or medical management with embryocide/feticide followed by methotrexate administration. Treatment is typically guided by the maternal condition.

Case Report

The patient was an asymptomatic, 33-year-old woman with a known unicornuate uterus and a right, noncommunicating rudimentary horn. Routine first trimester ultrasound scan at 7+5 weeks confirmed a live pregnancy (GS diameter 37.3 mm and CRL of 14.6 mm) in the rudimentary horn. She was counselled about the implications of the ultrasound findings and offered medical management as she was asymptomatic. Embryocide was performed with 1ml KCl through a 20G needle and the GS concurrently drained. Following this, IMI Methotrexate (1 mg/kg) was administered. Follow up ultrasound 1 week later revealed a collapsed gestational sac with no fetal pole in the rudimentary horn. Over the subsequent weeks maternal hCG levels rapidly fell from 302,590 IU/L initially to 3564IU/L at latest review. The patient remains clinically well.



Discussion

Rudimentary horn pregnancy is a rare condition with significant morbidity and mortality. Definitive treatment requires interruption of the pregnancy, either surgically by excision of the rudimentary horn or medically with the use of methotrexate. Although non-surgical management is reasonable in women who are hemodynamically stable, there is a risk of recurrence if the rudimentary horn remains in situ.