JPESON
Journal of Perinatal Society of Nepal

CASE REPORT

# Failed Successive Attempts at Medical Abortion of A 26 Weeks Intrauterine Fetal Death and The Discovery of Rudimentary Horn Pregnancy.

Radhika Kunwar

Department of Obstetrics and Gynecology , Paropakar and Women's Hospital, Thapathali, Kathmandu, Nepal.

ISSN: 2976-1050 (Online)
ISSN : 2976-1042 (Print)

Received : 26 Jul, 2022
Accepted : 28 Aug, 2022

Funding Source : None

Conflict of Interest : None

Corresponding Author

Radhika Kunwar,
Department of Obstetrics and Gynecology
Paropakar and Women's Hospital,
Thapathali, Kathmandu, Nepal.
Email: radhika312015@gmail.com



## ABSTRACT

We report a case of primigravida at 26 weeks of pregnancy with intrauterine fetal death (IUFD) on ultrasound who underwent repeated unsuccessful attempts at medical induction of abortion until exploratory laparotomy with right intact rudimentary horn removal was undertaken with nonviable female fetus .

This is an example of unicornuate uterus with rudimentary horn pregnancy (RHP) which has an overall incidence of 1 in 1, 50000 to 1 in 76000 and stresses the understanding of the sonographic appearance of early pregnancy within the rudimentary horn of unicounuate uterine configuration being imperative for appropriate and timely clinical management. In Conclusion:

Rudimentary horn pregnancy (RHP) must be kept as strong clinical suspicion if there is no response to repeated failed attempts at the induction of abortion.

Keywords: *rudimentary horn pregnancy (RHP), abortion induction and exploratory laparotomy*

## INTRODUCTION:

The incidence of rudimentary horn pregnancy has been estimated at 1:76000-1:160,000 and commonly results from the failure in the development of one of the paramesonephric ducts, either partially or completely.[1] The uterus is formed from the fusion of bilateral paramesonephric ducts, which are first formed by six weeks of gestation by invagination of coelomic epithelium. These tubular structures meet in the midline guided by mesonephric ducts, to form unified body by 10th week of gestation. By 12th week resorption occurs giving rise to uterus, cervix and fallopian tube and 10% of cases cavitary and communicating.

Gynecological and obstetrical complication in unicornuate uterus with rudimentary horn are hematometra, intraperitoneal bleeding (hemoperitoneum), endometriosis, infertility, preterm labor, intrauterine growth restriction (IUFR) and uterine rupture .This is a case demonstrating a communicating rudimentary horn connected to a unicornuate uterus, revealed after emergency laparotomy as happens normally. [1]

## CASE:

A 22 years primigravida at 26 weeks of gestation came to our hospital with an ultrasonographic findings of IUFD of 19 weeks of gestation from elsewhere where she had a regular antenatal care. She had no remarkable medical and surgical histories. Upon admission, she was clinically asymptomatic and stable, showing no uterine contraction and no cervical dilatation. On abdominal examination uterus was 18-week size of pregnancy.

Citation
Kunwar R. Failed Successive Attempts at Medical Abortion of A 26 Weeks Intrauterine Fetal Death and The Discovery of Rudimentary Horn Pregnancy. A Case Report.2022;01(01):45-46.

Obstetrics ultrasonography revealed a singleton IUFD at 18-week gestational age and EFW- 228gm, fundoanterior placenta, adequate AFI, small nasal bone, fetal head mildly enlarged with dilatation of lateral ventricles, megalencephaly, pericardial effusion, small fetal mandible micrognathia. Blood group was A negative and anti D antibody titre was negative, other investigation were within normal limit.

Initially she was given mifepristone 200 mg PO TDS for 1 day then on next day tab misoprostol 400 mcg per vaginum was inserted every 4 hourly up to 5 doses, which was repeated till 3 days, then on 5th day Foleys induction was done and with no response on 6th day oxytocin infusion started by increasing concentration. There was no cervical dilatation.

All attempts were unsuccessful then patient was counseled and taken for laparotomy.

The intraoperative findings was intact rudimentary horn pregnancy on right side 10x10cm, Clamps were applied over the fibrous band on the medial side and the fallopian tube, ovarian and round ligaments on the lateral side excising the assessory horn with a dead fetus with right sided salpingectomy ( Fig1 and Fig 2)

She had uneventful postop recovery and was discharged on 3rd postoperative day with advice to follow up.

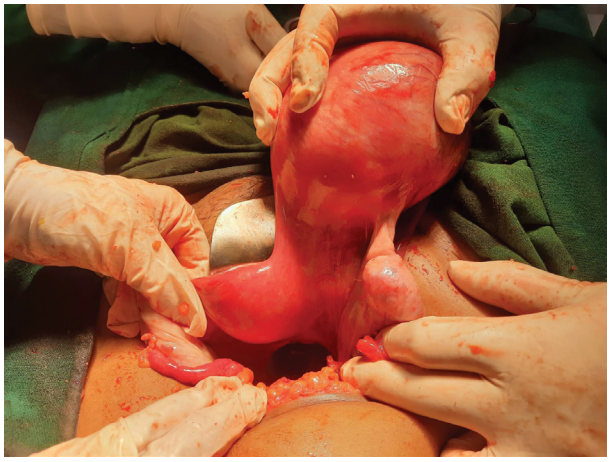

Fig 1: intraoperative findings of intact rudimentary horn pregnancy.

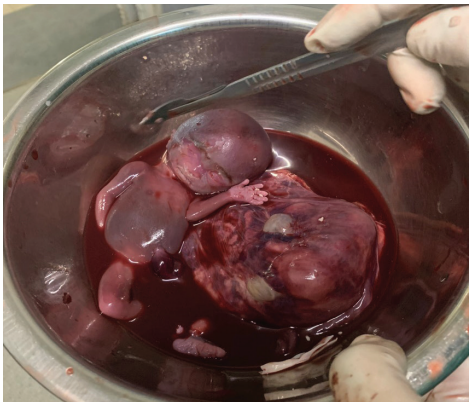

Fig 2: Excised rudimentary horn with dead fetus

## DISCUSSION

Rudimentary horn pregnancy (RHP) being a rare entity, often the diagnosis is missed initially like in this case. The course of pregnancy either is unrewarding with rupture or without rupture of rudimentary horn pregnancy, with tense moment spent awaiting successful abortion.[2-4] Early pregnancy ultrasound would have been ideal in every pregnancy as a matter of fact.

What we must practice is to reevaluate a case properly before repeating series of trial at abortion induction. It is important that this woman report to the same team of caring surgeons during her next pregnancy.

## CONCLUSION:

Rudimentary horn pregnancy (RHP) must be kept as strong clinical suspicion if there is no response to repeated failed attempts at the induction of abortion.

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