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A Rare Case of Pregnancy in Rudimentary Horn of Uterus Causing Spontaneous Rupture Leads to Catastrophic Event

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Abstract
Background *- To report a spontaneous rupture of rudimentary horn of uterus caused by progressive pregnancy leads to catastrophic event .*
Case report *– We report a 25 year G2P1L1 female with 25 + 3 days period of gestation presented with generalized pain abdomen but gone into sick condition after 10 -12 hours due to spontaneous rupture of gravid rudimentary horn which was undiagnosed antenatally . Laparotomy done urgently . she was gone into shock intraoperatively , Multiple blood and blood components given ,she developed ARDS postoperatively . Patient could be saved with inotrope support , mechanical ventilation , Higher antibiotics , nebulization , chest therapy , Iv furosemide and proper ICU care .*
Conclusion *– Sometime USG is not reliable and early aggressive management may help in survival of patient . Rupture of rudimentary horn can be go into a catastrophic event .*

I. Case Report

Mrs. A , 25 year old G2P1L1 female with 25 + 3 days period of gestation presented on 13/06/2025 at RMC Ajmer (Rajashan) as an unbooked case with generalized pain abdomen . On examination Her pulse rate was 94 / minute and BP was 120 /80 mmHg and she was moderately anaemic . She has one 18 months old alive and healthy male child . Her previous pregnancy was uneventful and delivered vaginally . On Per abdominal examination uterus size suggestive of 24 -26 Period of gestation & os closed on Per vaginal examination . Blood investigations- blood group was "A positive "and Hb was 9 gm /dl with 5000 WBCs and 1,50,000 platelets . Her last sonography of 6 weeks back suggestive of single live intrauterine pregnancy of 18 weeks, with adequate liquor and anterior placenta.

After 10 - 12 hours of admission ,she complaint of severe pain with one episode of vomiting .She was looking anxious & severely pale with cold & clammy extremities . Vital parameters were -radial pulse feeble and low in volume with pulse rate 140/min , respiratory rate 24/min , temperature 37 °c and BP -90/60 mmHg . On abdominal examination the abdomen was distended with guarding & rigidity & generalized tenderness ,exact size of uterus could not be palpated and fetal heart sound was not localized . .There was no bleeding or leaking per vaginum & os closed with 3 cm cervical length on PV examination .

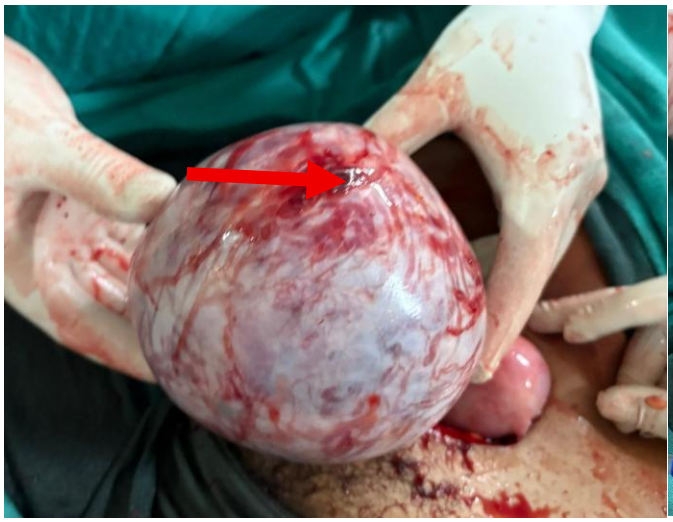
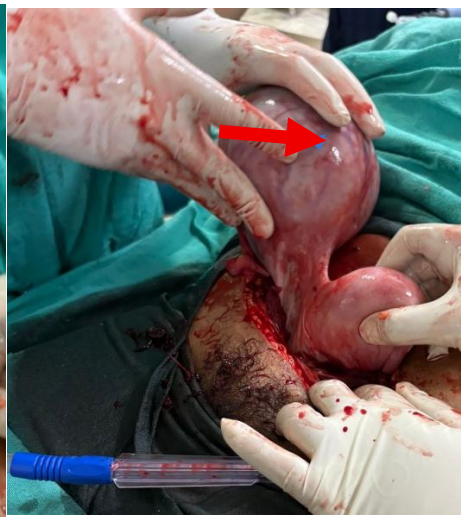
Investigations sent and USG done urgently . CBC suggestive of Hb 2 gm/dl , WBCs 19,000 and platelets 1,50,000 with normal coagulation profile .USG suggestive of 24 weeks intrauterine dead fetus with partially sepreted placenta and gross fluid in peritoneal cavity .

After initial resuscitation & blood sent for cross matching for 2 units of each PRBC . FFP & PRP. She was taken for emergency laparotomy under general anaesthesia with blood and blood components . After opening the abdomen there was 1500 cc haemoperitoneum with 500 cc blood clots present in peritoneal cavity . There was normal size uterus on right side and a gravid noncommunicating rudimentary horn on left side with normal adenexa .There was a rent on top part of horn , around 2x2 cm size .Rudimentary horn was dissected out with fetus in situ and peritoneal toileting done . Her BP dropped upto 80 / 60 mmHg intraoperatively , so inotrope support started with noradrenaline . She was shifted to ICU on ventilator support post-operatively with continuous inotrope support .4 units PRBC ,4 FFP and 4 PRP were transfused intraoperatively and postoperatively. She developed ARDS on day 2 postoperatively , her oxygen saturation dropped upto 40 % despite mechanical ventilation at high PEEP support. Xray done showing bilateral opacities . With continuous monitoring , broad spectrum antibiotics , iv furosemide ,nebulization, & proper ICU care with anaesthesiologist , patient improved day by day . Enteral nutrition given till extubation and recovery . Inotropes tapered and she was taken on CPAP mode on day 5 . She was extubated on 6 . After day 6

postoperatively , the convalescence period was uneventful and patient discharged on day 10 in fair general condition.

II. CONCLUSION

Sometime USG is not reliable and early aggressive management may help in survival of patient .Rupture of rudimentary horn can be gone into catastrophic event .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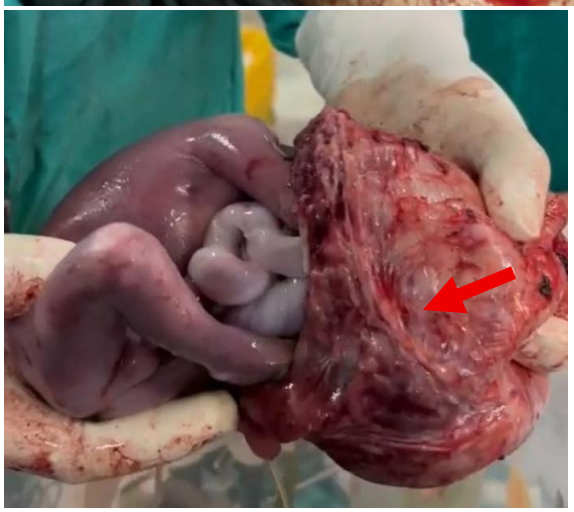

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