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Pregnancy in rudimentary horn of uterus, a form of ectopic gestation, is associated with significant rates of morbidity and mortality. Despite the recent advances in the ultrasonography, diagnosis of rudimentary horn of pregnancy still remains elusive; with confirmatory diagnosis usually made during laparoscopy or laparotomy. Rupture of the pregnant uterus is common and fatal to neonate and mother. The neonatal survival in Rudimentary horn pregnancies are 5%. Maternal mortality, although improved dramatically, is still 1–2%. Here we report a case of twin pregnancy in rudimentary horn before rupturing; the diagnosis was carried out with laparoscopy. A 28-year-old, G3P1ab1 pregnant woman in seventh weeks of pregnancy conferred for perinatal visit. In past medical history, she had a cesarean section in first pregnancy and an abortion in second one, in pelvic examination a 5x 5cm solid mass in right side of pelvic was observed with uterus and cervix in midline position and normal size. Transvaginal Sonography revealed 7 weeks of pregnancy based on CRL in right side of pelvic; near to it was a hypo echogenic area similar to a clot. The embryo was in the right side of pelvic and in left side of uterus, empty endometrium and normal myometrium was observed. For true diagnosis, laparoscopy carried out, it revealed a round shape congested pregnant rudimentary horn nearly 7×7cm and a normal left unicornuate uterus without communication between. There were dominant vessels and congestion on body of the rudimentary horn. It was not connected to the cervix and left unicornuate uterus. Laparotomy was performed and congested rudimentary horn was resected carefully without damage to non-pregnant left unicornuate uterus. The pregnant rudimentary horn was cut. A seven weeks fetus that was alive, with surrounding amniotic fluid and membrane was expelled together with placenta consequently, and then another blighted ovum with a smaller placenta came out (Movie). The patient discharged 3 days later. She became pregnant again 4 months later and delivered a healthy baby at 36 weeks of gestation. Sensitivity of ultrasonography for diagnosis of rudimentary horn is 26%. Gold standard for diagnosis is laparoscopy; we will focus on articles about this important issue and explain the points of this life threatening condition from view of early diagnosis and management, and will share our experiences with colleagues.

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