

A Case of Unicornuate Uterus with a Non-Communicating Non-Cavitated Rudimentary Horn Diagnosed During Laparoscopy for Contralateral Adnexal Torsion

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Mullerian duct abnormalities are not very rare among women and can cause problems of fertility, pregnancy or pelvic pain. Diagnosis of these abnormalities is usually incidental. We report a rare case with no functional cavity non-communicating rudimentary horn diagnosed while performing laparoscopy for contralateral adnexal torsion due to corpus hemorrhagicum cyst.

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Key Words: Unicornuate uterus, Adnexal torsion, Corpus hemorrhagicum cyst, Mullerian abnormalities.

Uterine anomalies were first reported by Strassman.¹ After decades of this first classification, Buttram and Gibbons² proposed a new classification system for Mullerian anomalies. In 1988, American Fertility Society³ reevaluated that classification and represented the final classification system based on anatomic uterine anomalies with or without anomalies of vagina, cervix, oviducts, and ovaries. This final classification consisted of the following main groups: Hypoplasia or agenesis of uterus, unicornuate uterus, uterus didelphys, bicornuate uterus, septated uterus, arcuate uterus and Diethylstilbestrol associated anomalies.

Unicornuate uterus is a rare entity complicating the normal life of women. It can be presented with miscarriage, ectopic pregnancy, intrauterine growth restriction, preterm labor or chronic pelvic pain.⁴

Here, we report a rare case of unicornuate uterus presenting with contralateral adnexal torsion. We discussed the origin of the malformation, its subgroup classification, common symptoms that could help the diagnosis and therapy choices.

Case Report

A 23-year-old nonporous woman referred to emergency clinic for acute right lower quadrant pain with nausea and vomiting. Physical examination revealed tenderness, defense and rebound on the right lower quadrant. White blood count was normal with slightly low hemoglobin and hematocrit value. She was on the 15th day of her period and her blood β -

human chorionic gonadotropin level was normal. On the gynecologic examination a mass of 3.5 cm x 4 cm in size, reminding a corpus hemorrhagicum was detected. Adnexal torsion risk was taken into consideration and emergency laparoscopy was performed. Adnexal torsion was diagnosed on the right side due to corpus hemorrhagicum and on the left side it was seen that the adnex had no communication with uterus. An atrophic uterine tissue was detected pointing a unicornuate uterus with a non-communicating uterine horn, only a thin fibrous band was detected and no sign of hematometra was detected reminding a non functional endometrial cavity (Figure).

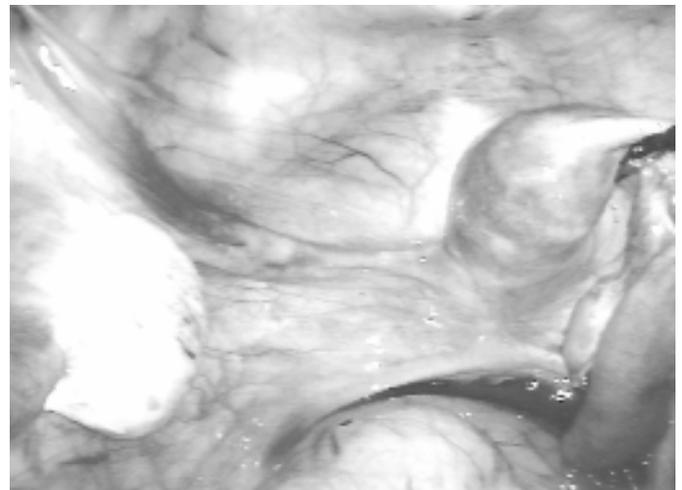


Figure: The arrow points the rudimentary non-communicating (just only a fibrous band was seen) unicornuate uterus with no endometrial cavity. The dashed arrow shows the left adnexa with no communication to the uterus

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Right adnexal detorsion and excision of the corpus hemorrhagicum was performed laparoscopically. After detorsion procedure, right tuba was found to be longer and mobile than the counter side. The patient had regular menses since age 13 and she had no symptom of dysmenorrhea. In this relation, without a vision of hematometra and absence of history of

chronic pelvic pain, no further surgery was performed for the silent non-communicating rudimentary horn with a non-functional cavity. Urinary system screening showed no abnormality. After one year of follow up she had no pelvic symptoms.

Discussion

Unicornuate uterus was the result of arrested development of one of the Mullerian ducts. Unicornuate uterus had four subgroups according to the final classification made by American Fertility Society:³ Unicornuate uterus with cavity communicating rudimentary horn, with cavity non-communicating rudimentary horn, with no cavity and with no horn. Clinically the most encountered type was unicornuate uterus with cavity non-communicating rudimentary horn. Mullerian duct abnormalities were seen among 0.5-5 % of women.⁵ Unicornuate uterus cases consisted 10 % of all Mullerian malformations,⁶ some of them were presented with ovarian agenesis⁷ and some of them were presented with cervical-vaginal agenesis.⁸ Approximately 40% of unicornuate uterus cases had a urinary tract abnormality.⁹ Prophylactic removal of unicornuate uterus is recommended, due to possible risks like hematometra, endometriosis and ectopic pregnancy. However, in our opinion, in silent cases that are diagnosed incidentally prophylactic removal of the non-communicating rudimentary horn with no functional endometrial cavity would not be necessary. Nevermore, a series of cases with long term follow up is needed in order to reach a definite conclusion.

Kontralateral Adneksial Torsiyon Nedeniyle Laparoskopisi Sırasında Saptanan Bağlantısız Kavitesiz Rudimenter Boynuzla Birlikte Olan Unikornuate Uterus Olgusu

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Müllerian kanal anomalileri kadınlar arasında çok nadir değildir ve fertilitate, gebelik ve pelvik ağrı ile ilgili sorunlara neden olabilir. Bu anomalilerin tanısı çoğu kez rastlantısalıdır. Biz, korpus hemorajikum kistine bağlı karşı adneks torsiyonu için yapılan

laparoskopisi sırasında saptanan, nadir görülen fonksiyonel kavite ve bağlantı içermeyen rudimenter boynuz olgusunu anlattık.

Anahtar Kelimeler: Unikornuat uterus, adneksiyal torsiyon, korpus hemorajikum kisti, müllerian anomaliler

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