LIVE ECTOPIC PREGNANCY ON TUBA OF A RUDIMENTARY UNTERINE HORN

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ÖZET

Müllerian anomali varlığı döllenmiş embryonun ektopik yerleşimine neden olur. Burada rudimenter uterin hornda yerleşmiş bir ektopik gebelik vakası takdim edilmektedir. Nadir görülen bu durumun erken ve kesin tanısı hem gerekli tedavinin yapılması için hemde ileride tekrar ektopik gebelik ile karşılaşılmasını önlemek için büyük önem taşır.

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SUMMARY

Presence of a müllerian anomaly predisposes the patient to ectopic implantation of the fertilized ovum. We present a live ectopic pregnancy on the tuba of a noncommunicating rudimentary horn uterus. Early and accurate diagnosis of such a rare case is not only necessary for appropriate treatment, but also important for preventing the recurrence of ectopic pregnancy on the dysgenetic müllerian duct.

Key words: *tubal ectopic pregnancy, rudimentary uterine horn.*

1. Introduction

Ectopic pregnancy is a special concern of gynecologists. The most common site for ectopic implantation is the fallopian tube. Several factors have been implicated in the development of ectopic pregnancy. Müllerian anomalies may predispose the patient to ectopic implantation of the fertilized ovum. The cavity of a rudimentary horn usually is not connected with the cavity of the horn that communicates with the cervix or the horn has no cavity at all. In such cases tubal pregnancy results from external migration of the spermatozoa or the fertilized ovum (1). In this report we present the first case of live ectopic pregnancy implanted on the tuba of the noncommunicating rudimentary uterine horn. Early diagnosis and laparoscopic management of the case was life saving.

2. Case report

A 32 year old woman applied to the emergency unit of our hospital with a typical picture of acute abdominal pain. Her gynecological examination was typical with an adnexal mass lateral to the uterus. Endovaginal ultrasound examination disclosed the live pregnancy of 7 weeks outside the uterus, located at the ampullar portion of the left tuba, and a moderate intra-abdominal hemorrhage. Her serum ß-HCG concentration was 21 700 mIU/ml. An immediate laparoscopy was performed. An intact ampullary pregnancy on the tuba of the left rudimentary uterus, not connected with the cavity of the horn that communicates with the cervix, was diagnosed. The left rudimentary horn and the involved salpinx was removed laparoscopically. Histology confirmed the diagnosis and revealed that the endometrium of the redumentary horn was poorly developed. The postoperativerecovery was uneventful. The serum ß-HCG level returned to nonpregnant level 56 days after the treatment.

3. Discussion

The true incidence of congenital müllerian anomalies in the general population is

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unknown (2). They are usually asymptomatic and consequently go undetected. Diagnosis is frequently made at the time of surgery. Class II anomalies, according to American Fertility Society calssification of müllerian anomalies (3), result from normal differentiation of only one müllerian duct. The other develops either partially (class IIa-c) or not at all (class IId). The present case was class IIb, the rudimentary horn has a cavity with no external communication. Patients with a noncommunicating functional horn, however, are at risk for the development of hematometra, hematosalpinx, endometriosis, and rudimentary horn gestation. In the present case the endometrium of the rudimentary horn was poorly developed, which may explain why the patient did not experienced non of the problems mentioned above. During laparoscopy, we noted that the corpus luteum was in the right ovary. Therefore, the tubal pregnancy probably resulted from external migration of the fertilized ovum.

To our knowledge, this is the first live pregnancy on the tuba of a rudimentary horn uterus. Although, a more conservative treatment of ectopic pregnancies by puncture procedures utilizing endovaginal ultrasonographic approach has been well established (4,5), we preferred laparoscopic treatment due to the presence of intra-abdominal hemorrhage which could be associated with a ruptured visceral organ. Nevertheless, we were able to diagnose the condition accurately, and the removal of the rudimentary horn and its salpinx was possible which alleviated the risks for future ectopic pregnancies. Early and accurate diagnosis of such a rare case of ectopic pregnancy may not only be life saving, but also make the appropriate treatment approach possible.

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