Abstract

Topic:-Laparoscopic excision of Non-communicating Rudimentary horn in a 13year old perimenarcheal girl

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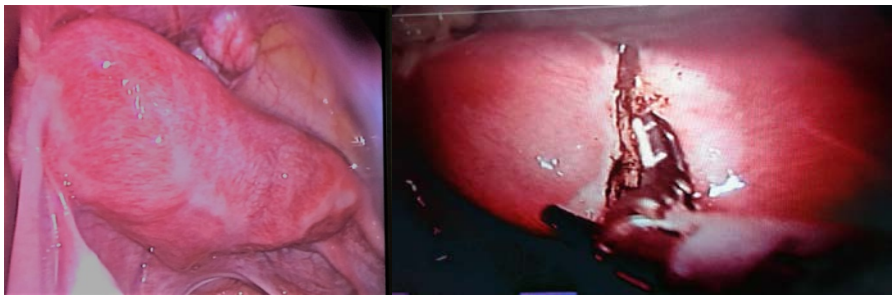
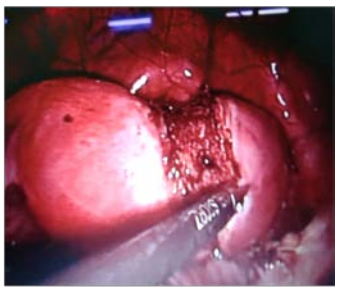
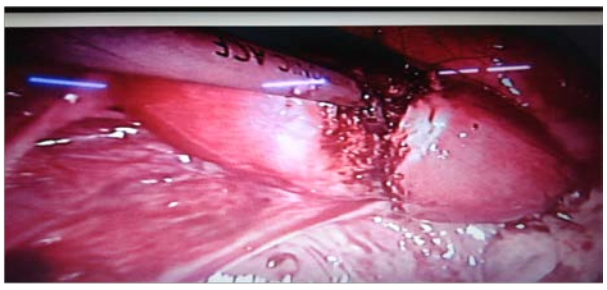
Case Report- A 13year old girl presented with a history of severe dysmenorrhoea for 4-5 days during menses,relieved only by intravenous analgesic. She attained menarche 6months back.Her initial four cycles were regular with moderate flow with no dysmenohrroea.She started having severe dysmenorrhoea for last two cycles. On examination ,patient was moderately built and nourished.Her general physical examination was normal. Per abdominal examination was unremarkable.On TAS ,a thick walled complex cyst closely abutting right ovary was seen.Impression given on USG was that of right adnexal complex cyst. Her MRI suggestive of binornuate uterus with right lateral half of cavity distended with haemorrhagic content .It was diagnosed as noncommunicating horn in bicornuate uterus.

Laparoscopic resection of the noncommunicating horn was done







Discussion

The frequency of rudimentory horn is rare representing 1% -3% of congenital uterine anomalies.In 80%-90% cases there is no communication with other horn.Rudimentory horn could be either firmly attached to the unicornuate uterus as in our patient or separated by a loose band of tissue. Accurate diagnosis of the anomaly is required prior to excision to decide the precise surgical approach as two horns in our case were firmly attached .This required difficult dissection to develop a plane between hemiuteri. We have

successfully managed this case laparoscopically without causing any damage to the communicating horn.