

Laparoscopic Management of Rare Obstructive Mullerian Anomalies of Uterus

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Aims & Objectives- Video presentation to demonstrate technique of:

1) Laparoscopic excision of uterine remnants having functional endometrium in a patient of Mayer Rokitansky Kuster Hauser Syndrome (MRKH)

2) Laparoscopic excision of non communicating cavitated accessory horn with a unicornuate uterus in 2 young patients.

Case 1- We present a case of 19 years old girl who presented with MRKH ,Primary amenorrhea with severe cyclical pelvic pain for 4-5 days every month. MRI pelvis showed aplasia of uterus, cervix and vagina with normal looking ovaries. Nodular isointense soft tissue measuring 28X 15X 15 mm inferior to the ovaries on both side was seen . No urinary tract abnormality was detected. Laparoscopic excision of B/L uterine remnants was performed , histopathology confirmed both uterine remnants with functional non secretory endometrium & underlying myometrium. Patient was relieved of her severe cyclical pain after surgery.

Case 2&3- Two young girls of age 11 and 25 years presented with severe incapacitating dysmenorrhea refractory to injectable analgesics . MRI was suggestive of unicornuate uterus with non communicating cavitary horn showing hemorrhagic contents with normal ovaries. Unicornuate uterus was confirmed on hysteroscopy. Laparoscopic excision of accessory cavitated horn with ipsilateral fallopian tube was performed.

Video shows stepwise technique with tips & tricks , understanding of anatomy and ways to prevent complications.

Conclusion- Obstructive Mullerian anomalies of uterus are very rare but patient suffers with severe incapacitating pelvic pain . Thorough history taking with prior knowledge of these conditions and proper imaging can diagnose and manage these young patients . Laparoscopy is very effective , safe and very rewarding tool for management of such conditions.