An unusual mullerian duct anomaly : A case report

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Abstract

Uterus didelphys with obstructed horn and ipsilateral renal agenesis usually presents after menarche with progressive abdominal pain during menstruation secondary to hematometra.

Key Words : *Uterine didelphys, hematometra, hematosalpinx*

Case Report

A thirteen year old female presented with complaints of dysmenorrhea of five months and lower abdominal swelling of two months duration. These symptoms were not relieved by over the counter analgesics. Menstrual bleeding was regular over the past five months. There were no bladder or bowel complaints. Her general and systemic investigations were within normal limits. Examination per abdomen revealed a firm well defined non-tender, non-compressible and non-reducible mass measuring 5x 3 cm in the left inguinal ligament region. Per rectum examination was not contributory. Per vaginal examination was not carried as she was unmarried.

Routine blood and urine investigations were within normal limits. Her ultrasound and CT scan of the abdomen suggested left ectopic kidney with pyonephrosis with loss of fat planes between the left ovary and left kidney. The possibility of intervention exploratory surgery of the abdomen and pelvis was discussed with the patient and she agreed to undergo corrective procedure if deemed necessary.

Exploratory laparotomy was carried out which revealed uterine didelphys with distension of left horn and the left fallopian tube. The left ovary, the right horn, right fallopian tube and right ovary were normal in appearance. Intra-operative, there was fluctuation on bimanual palpation of the left horn indicating menstrual blood hematometra, hematocervix and hematosalpinx. The distended horn was punctured and a large amount of chocolate colored material evacuated. A decision to remove the left horn was taken and the procedure accomplished. Post-operative recovery was uneventful.

Histopathology confirmed presence of uterus and fallopian tube. Two months following the surgical procedure a hysterosalpingogram was performed which revealed findings consistent with unicornuate uterus.

Discussion

Mullerian defects of lateral fusion are relatively common. However unilateral obstruction is exceedingly rare. It presents the clinician with a perplexing mixture of symptoms attributable to both obstructed and patent genital tract. The operation involves excision of left horn and repair. The unification of both the cornu was not undertaken in this case to avoid insult to the integrity of the uterine wall with its inherent disadvantage to future reproductive capability. This patient can marry and stands a fair chance of conceiving. We believe that our approach will enable vaginal birth to take place without additional risk.

In conclusion, when one encounters a blocked uterus, a rare anomaly, the appropriate approach should be a high index of suspicion, correct diagnosis and appropriate surgical correction. This will not only prevent recurrence but also improve reproductive potential of the patient.

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