



## **PREGNANCY IN THE RUDIMENTARY UTERINE HORN (CLINICAL CASE)**

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### **Annotation**

Pregnancy in the rudimentary horn of the uterus is a variant of ectopic pregnancy, given the similarity of the clinical picture in the event of its interruption. The frequency of this type of ectopic pregnancy, according to V.E. Radzinsky, is 0.1%-0.9%. According to the Royal College of Obstetricians and Gynecologists (RCOG, 2016), the progression of ectopic pregnancy in the rudimentary horn is 1:76,000 cases. Uterine rupture is accompanied by massive bleeding, hemorrhagic shock and threatens the woman's life. The prolongation of abnormal pregnancy to the term of a viable fetus is very rare and always attracts the attention of many scientists and doctors.

Description of the clinical case. Patient U. 23 years old, was admitted to the Khorezm regional perinatal center with a diagnosis of Pregnancy II 27 weeks, 6 days, bicornuate uterus in the right horn, breech presentation of the fetus, OGA(s/v). Anemia of moderate severity. The patient was referred from the district maternity complex for examination and a decision on further tactics for introducing pregnancy, since during an ultrasound examination of the fetus, the doctor had doubts about the fact that the uterus was bicornuate. The patient was hospitalized in the department of pathology of pregnant women, where a complete clinical and laboratory examination was performed. When collecting an anamnesis, it turned out that the first pregnancy ended in a spontaneous miscarriage at 5-6 weeks of gestation. In the early stages of this pregnancy, since the ultrasound revealed an empty uterine cavity. Further, with an increase in the gestational age, a diagnosis was made that the pregnancy develops in the right horn of the uterus, but this was not accurate either. The epidemiological and anamnesis of childhood is not burdened. Complaints, as the pregnant woman did not present, only periodic slight dizziness associated with anemia. Biochemical analyzes are within the normal range, KLA: hemoglobin-78g/l. OAM indicators are within the normal range. Ultrasound conclusion: Progressive pregnancy in the right rudimentary



horn 27 weeks. Pelvic presentation. Fetal Doppler was within normal limits. At the end of the examinations, a clinical diagnosis was made: Pregnancy II 27 weeks 6 days progressing in the rudimentary horn on the right. Anomaly in the development of the uterus. Breech presentation of the fetus. OAGA(s/v). Anemia of moderate severity. Given the high risk of internal massive bleeding, a conversation was held with the pregnant woman and close relatives. Despite the fact that this pregnancy posed a great threat to the woman's life, she refused to terminate the pregnancy.

The pregnant woman was under strict control. Prevention of fetal respiratory syndrome with glucocorticoids according to the scheme, anti-anemic drugs for the treatment of anemia was carried out. Given the completely unformed muscular layer of the rudimentary horn, unable to fully perform the functions of the uterus at any time, one could expect a histopathogenetic rupture of the walls of the rudimentary part of the uterus. Gestagens were recommended according to the scheme. For an emergency, there was always a prepared operating room and a supply for blood transfusion. The pregnancy progressed, and the pregnant woman was periodically discharged home for 5-7 days home under the supervision of a local general practitioner. Who every day strictly controlled the hemodynamic parameters of the mother. At 32 weeks of gestation, the pregnant woman had signs of threatened with a urinary tract infection: gestation pyelonephritis. Conducted antibacterial, uroseptic therapy. The more the gestation age increased, the more often the pregnant women often began to complain of pain in the lower abdomen. Pregnancy was prolonged under strict control of hemodynamic parameters, symptomatic parameters, symptomatic therapy was performed periodically, such as anti-inflammatory, anti-anemic and hormonal therapy. At 35 weeks and 5 days, the pregnant woman complained of very severe pain in the lower abdomen and frequent fetal movements. An ultrasound examination revealed grade III oligohydramnios and grade II NMPCC. Taking into account the anamnesis and anomaly of development, as well as the ultrasound indicators, the pregnant woman was transferred to the operating unit for the purpose of performing a caesarean section with the consent of the pregnant woman herself and her relatives. A Joel-Coxen laparotomy was performed, a caesarean section in the lower segment of the rudimentary uterine horn, a live male child weighing 2600 g was extracted from the pelvic end. According to the Apgar scale, 5-6 points were transferred to the midwife. During the revision of the rudimentary part, a completely thinned muscle layer up to 0.2 mm was revealed, the placenta fused with the serous membrane completely, which sprouted all the thinned layer, which ultimately forms a single whole (serous sac) with the rudimentary part of the uterus (Fig. 1). A complete schematic representation of the development of a



rudimentary pregnancy is presented in Figure 2. In order to prevent massive blood loss, it was decided to amputate the rudimentary horn along with the placenta.

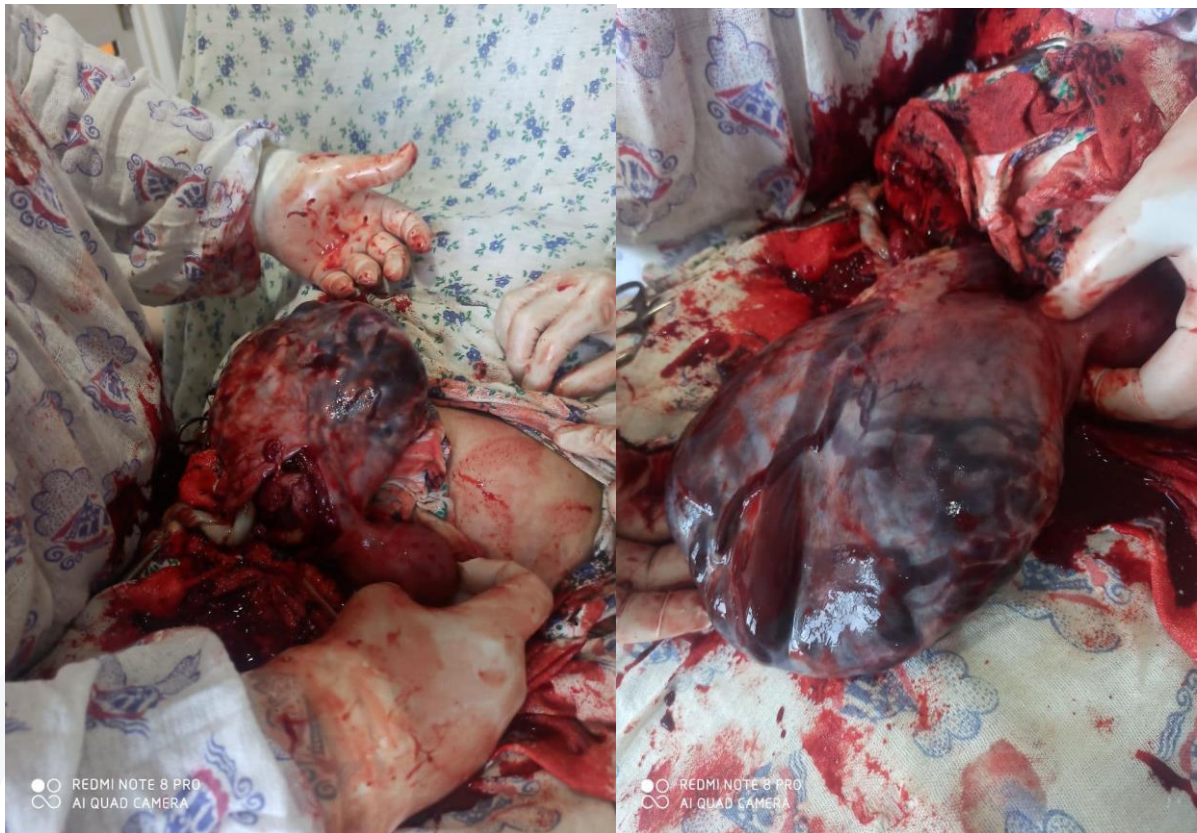
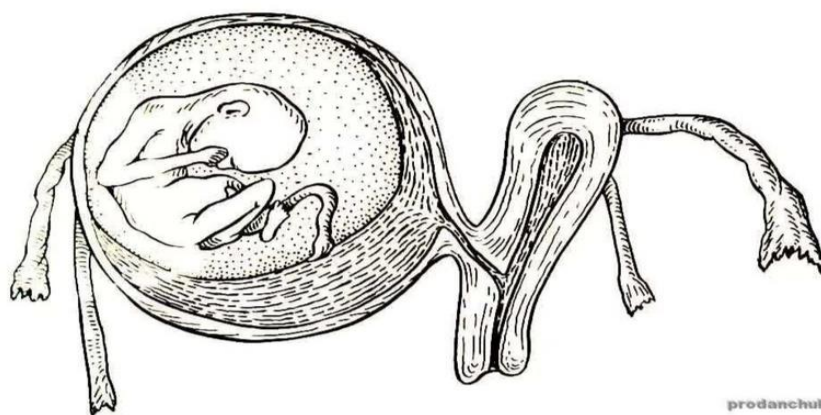


Fig1. Rudimentary horn to the right of the uterus. The placenta has completely sprouted all layers.



Pregnancy in rudimentary horn

Schematic description of the progression of pregnancy in a rudimentary horn.





The operation was uneventful, the uterus was preserved, and drainage was left in the abdominal cavity in order to control bleeding. Postoperative care did not differ from the usual course without complications. The patient was discharged in a satisfactory condition with the child home on the 7th day.

**Conclusions.** The progression of pregnancy in the rudimentary horn is a high threat to the woman's life. In rare cases, when for a woman this pregnancy is the last chance to become a mother, and she refuses to terminate, regardless of the high risk of a threat to her life. Pregnancy from early terms should be observed in a hospital of the third level. The main task for doctors is to indicate in time highly qualified assistance, where the priority is always the life of the mother

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