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## **Ectopic pregnancy in the unicornuate uterus with non-communicating rudimentary uterine horn along with nausea and vomiting: A case report**

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### **Abstract**

**Background:** Pregnancy in the rudimentary uterine horn is estimated to be 1 per 76000, followed by threatened maternal life and risk of uterine rupture by 50%. Developments in an ultrasound before birth in recent decades may provide an opportunity to diagnose rudimentary horn pregnancy and reduce maternal death subsequently. Timely diagnosis and correct management of this lesion are usually carried out by removal of rudimentary horn and uterine tube of the same side using laparotomy or laparoscopy.

**Case:** A 28-yr-old G2 AB1 woman was referred to the hospital due to positive  $\beta$ HCG, nausea, vomiting, and pulsed pregnancy sac near the ovary or in the ovary, diagnosed by ultrasound. In this center, after diagnosis of ectopic pregnancy (EP) in the non-communicating rudimentary horn, the case underwent left salpingectomy, and her left rudimentary horn containing the live embryo was removed.

**Conclusion:** The use of transvaginal ultrasound before pregnancy is helpful for the diagnosis of Müllerian anomalies or suspected Müllerian anomalies (MAs). Early diagnosis can reduce the incidence of EP, which is one of the complications of MAs. After timely diagnosis, timely application of laparotomy and laparoscopy reduces the maternal death rate.

**Keywords:** “Ectopic pregnancy, Salpingectomy, Müllerian anomalies”.