

CASE REPORT: LAPAROSCOPIC EXCISION OF A RUDIMENTARY UTERINE HORN

Mariam George, Shilla Mariah Yussof

Department of Obstetrics and Gynaecology, KK Women's and Children's Hospital, Singapore

OBJECTIVE: To report a case of a rudimentary horn that was successfully operated on via laparoscopy, and to review the current literature on the pathophysiology and epidemiology of rudimentary uterine horns, imaging modalities and surgical techniques and considerations. **METHOD:** A standard transumbilical open entry laparoscopy was utilised and CO₂ was insufflated. Right and left lower quadrant and suprapubic ports were inserted under direct visualisation. The right ureter was identified. The right ovarian ligament and right round ligament were transected using bipolar diathermy. The right uterine artery was ligated at the base of the rudimentary horn using bipolar diathermy. The right rudimentary horn and right fallopian tube were transected from their attachment to the uterus using bipolar diathermy. The small serosal defect on the uterus was repaired using 2.0 Vicryl. The specimen was removed using an EndobagTM through the umbilical port. **RESULT:** Our patient underwent an uncomplicated laparoscopic excision of the right rudimentary horn and recovered well post-operatively. **CONCLUSION:** Albeit rare, a rudimentary horn should be suspected in cases of delayed onset dysmenorrhoea or progressive abdominal pain presenting in the third decade.

Due to its rarity, imaging should be reviewed by an experienced senior consultant in any suspected cases, and an MRI should be the gold standard imaging modality. Imaging should also be utilised prior to surgery to look for any concurrent renal abnormalities and endometriosis, to ensure proper pre-operative planning. Incidental finding of an asymptomatic rudimentary uterine horn either intra-operatively or on imaging should be managed by elective surgical excision to prevent future gynaecological and obstetric complications. Laparoscopic excision of a rudimentary horn is a relatively straightforward surgery that can be performed by the general gynaecologist with basic training in minimally invasive surgery. MIS surgery results in shorter hospital stay, improved cosmesis and faster return to normal activity levels.