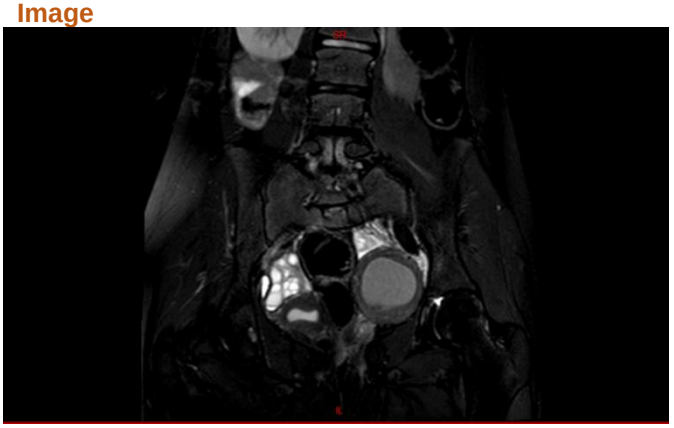
Unicornuate uterus with rudimentary non-communicating cavitary horn in association VACTERL syndrome: case report.

Dr Nour A.Tashtush,MBBS, Jordan University of Science and Technology, Jordan

Abstract

The unicornuate uterus is caused by abnormal or failed development of one Müllerian duct. Unicornuate uteri with functioning non-communicating rudimentary horns are susceptible to many gynecologic and obstetric complications such as hematometra, endometriosis and ectopic pregnancy and thus surgical resection is usually advised. We have encountered a rare case of a unicornuate right uterus with rudimentary non-communicating (functional) cavitary left horn (class U4a) in a 17-year-old girl who was diagnosed with VACTERL association. She was presented to our pediatric surgery and gynecology departments with three years history of secondary sever dysmenorrhea. Pelvic magnetic resonance imaging revealed a normal uterus on the right side, a 7×8 cm left endometrioma, a tortuous dilated fluid-filled structure in the left hemipelvis, mostly represented left-sided hematosalpinx, and a well-defined lesion with thick enhancing wall in the left hemipelvis measuring 6.7×5.7×5.6 cm with similar enhancement to the uterus in the right. She underwent laparotomy that showed a right unicornuate uterus with a normal cervix and a rudimentary non-communicating distended left horn. In addition, there was a left endometrioma and left hematosalpinx. Resection of the left communicating horn, left salpingectomy and left ovarian cystectomy were performed. The right tube and both ovaries were preserved. At 9-months follow up, the patient had regular period and the pain subsided completely. This is the second case of VACTERL association and unicornuate uterus with non-communicating functional rudimentary horn, in hope of expanding the knowledge of a rare occurrence. This case also highlights the importance of considering the diagnosis of Müllerian duct anomalies in patients with a history of other anomalies, and/or history of early-age secondary dysmenorrhea. In addition, it is preferable to explore for any associated congenital anomalies when performing any surgery for syndromic children.

Image



Pelvic magnetic resonance imaging: T2 signal MRI indicated the presence of left hematometra with small right uterus. Both ovaries were demonstrated.

Recent Publications

1. Saravelos SH, et al. Prevalence and diagnosis of congenital uterine anomalies in women with reproductive failure: a critical appraisal. Human reproduction update. 2008;14(5):415-429.
2. Nunes N, et al. VATER/VACTERL syndrome(vertebra/anus/cardiac/trachea/esophogus/radius/renal/limb anomalies) with a noncommunicating functioning uterine horn and a unicornuate uterus: a case report. Fertility and sterility. 2009;91(5):1957. e1911-1957. e1912.
3. Grimbizis GF,et al. The ESHRE/ESGE consensus on the classification of female genital tract congenital anomalies. Human Reproduction. 2013;28(8):2032-2044.
4. Moore KL, et al. Before we are born: essentials of embryology and birth defects. Elsevier Health Sciences; 2015.
5. Pradhan S, et al. The Mullerian Black Box: Predicting and defining Mullerian anatomy in patients with cloacal abnormalities and the need for longitudinal assessment. Journal of Pediatric Surgery. 2018;53(11):2164-2169.
6. Grimbizis GF, et al. Clinical implications of uterine malformations and hysteroscopic treatment results. Human reproduction update. 2001;7(2):161-174.

Photograph



Biography

Dr Nour Tashtush is a 24-year-old organized graduated medical intern with an-excellent educational record, research skills and passion for health and wellbeing. She was graduated from Jordan University of Science and Technology (JUST). Now, Dr Nour is an intern in King Abdulla University Hospital that is affiliated to JUST. Dr Nour participated in many conferences and workshops that focus on pediatrics and pediatric healthcare. Dr Nour has many ongoing researches and projects in the pediatrics field. Dr Nour looks forward a residency program in pediatric and to be pioneer, researcher and consultant in pediatrics and pediatric healthcare. Email: nour_abedtashtoush@yahoo.com

natashtush13@med.just.edu.jo

My reference factuality member: Dr Rawan A.Obeidat;

email: rawanahmadobeidat@yahoo.com

Notes/Comments: