

Clinical Image

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Secondary dysmenorrhea: Unicornuate uterus with rudimentary and non-communicating horn

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Abstract

Unicornuate uterus is a type of female genital malformation caused by abnormal development of Mullerian ducts during embryogenesis. Its prevalence is estimated to be close to 0.1%, 0.5%, and 2% in unselected women, infertile women, and those with a history of miscarriage, respectively [1]. Unicornuate uterus presents 4 subtypes based on the American Fertility Society Classification: up to 90% of cases have a rudimentary uterine horn, but only 25% are cavitated and noncommunicating [2].

We present a case of a young female patient with severe dysmenorrhea caused by hematometra in the rudimentary horn, which is not communicating with the uterine cavity. Our case falls into U4a class of ESHRE/ESGE classification and unicornuate with distal uterine remnant with functional endometrium class of ASRM Mullerian Anomalies Classification 2021 [3,4]. The diagnostic workup for these patients typically includes sonography and, whenever necessary, Magnetic Resonance Imaging (MRI) to better define which rudimentary horn variant is present and to evaluate the presence of associated renal anomalies [5].

Description

A 32-year-old woman, nulligravida and not sexually active, was referred to the gynecology appointment with a chief complaint of a cyclic and severe pelvic pain, particularly at the time of her regular menses. The pain progressively increased over the last year, relieving slightly with non-steroidal anti-inflammatory drugs. She experienced menarche at the age of 15 years and had never had trouble during menstruation. She had never taken contraceptive or hormonal medication. She had no prior significant medical and family history.

The patient was hemodynamically stable. Gynecological examination revealed normal external genitalia. Speculum examination showed a single cervix with menstrual loss and no vaginal anomaly. Bimanual examination showed a uterus deviated to the right, with a tender mass on the left side with rebound but no rigidity or guarding. Transvaginal ultrasound examination showed a pelvic mass with 32 x 23 x 19 mm in the left adnexal area with isoechoic walls to the myometrium, containing hyper-echoic material with ipsilateral hematosalpinx. These findings suggested a rudimentary and non-communicating horn (Figures 1 and 2). Subsequent pelvic MRI showed an anomalous uterine

cavity with a single right-sided cornua communicating with the cervix, pushed to the right by a distended left-sided rudimentary horn with normal myometrial signal intensity (Figure 3). No concomitant renal anomaly was observed.



Figure 1: 2D transvaginal pelvic ultrasonography - sagittal plane of the right unicornuate uterus.



Figure 2: 2D transvaginal pelvic ultrasonography - transverse plan:
A. Right unicornuate uterus,
B. Rudimentary non-communicating horn with functioning cavity,
C. Hematosalpinx

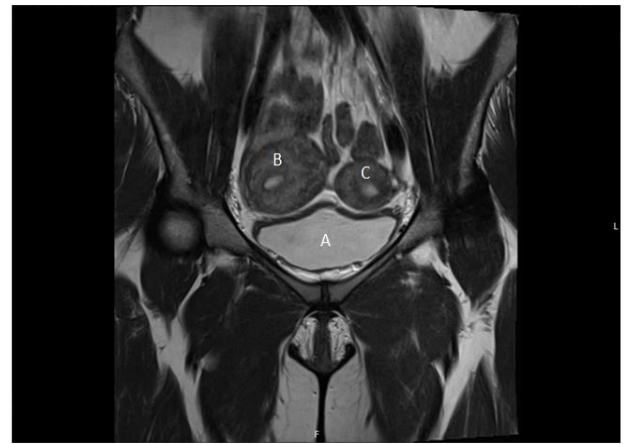


Figure 3: The coronary plane of MRI with IV contrast: **A.** Bladder, **B.** Right unicornuate uterus,
C. Rudimentary non-communicating horn with functioning cavity.

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