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Commentary
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Non-Communicating Horn of Uterus as a Cause of Severe Dysmenorrhea at Puberty

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Commentary

Dysmenorrhea and pelvic pain is one of the leading causes of absenteeism from school or work, with a prevalence ranging from 16% to 91% in women of reproductive age. The Primary dysmenorrhea, which begins a few months after menarche, is most often physiological. The well-known causes of secondary dysmenorrhea, which has an anatomic basis, include leiomyomas, adenomyosis, pelvic inflammatory disease, and a congenital malformation caused by a defect in Mullerian duct development, is a rare, misdiagnosed, and under-recognized cause of medically unresponsive dysmenorrhea. We present a case of non communicating functional horn of uterus as a case of dysmenorrhea in a young girl. Surgical intervention led to correct diagnosis and treatment.

A 13 year old girl presented with severe dysmenorrhea for the past 8 months. The pain was acute, associated with periods and not relieved with usual doses of analgesics. She had an USG report which showed an accessory horn of uterus with heterogenous collection in it. MRI of the abdomen and pelvis was done which showed two uterine cavities with one cavity distended with collection, normal ovaries and normal kidneys (Figure 1). After routine hematological and biochemical investigations and pre-anesthetic clearance, the girl was taken up for hysteroscopy and laparoscopy. Vaginoscopy was done and uterus entered using 6mm rigid diagnostic hysteroscope. It showed normal uterine cavity, normal left cornual opening and an absent right cornual opening.

Laparoscopy was performed using supraumbilical 10 mm primary port and three 5mm accessory ports. On laparoscopic view, the uterine fundus was broad with two horns of uterus, the right one bigger and distended than the left (Figure 2). The right tube was attached to the right horn and the left tube to the left horn. Aspiration was done from the right horn using aspiration needle which showed the presence of dark old blood collection in it to reconfirm the diagnosis. The resection of right uterine horn was done using harmonics scalpel and the raw uterine wall was sutured. The right adnexa was reattached to the right cornu using polyglactin 1-0 suture (Figure 3). The accessory horn was removed from the side port and sent for histopathology.

The postoperative period was uneventful and the girl was discharged on the third postoperative day. Follow up was done at 7 days, one month and 2 months of surgery. The girl was entirely re-lived of her symptoms.

Thus it is important to keep in mind the anatomic malformations of uterus as a cause of dysmenorrhea in young girls at puberty so that timely intervention can be done.

Figure 1: MRI Image showing two uterine cavities.

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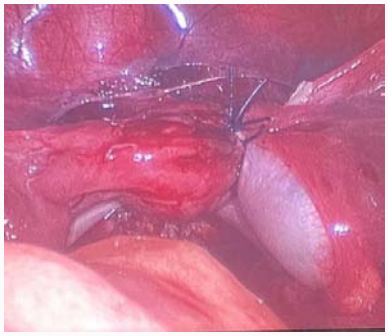

Figure 2: Laparoscopic view showing two uterine horns.

Figure 3: Final view after resection of accessory horn.