

More than just an ectopic: A hidden Müllerian puzzle

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ABSTRACT

Introduction: A unicornuate uterus is a rare Müllerian anomaly, occurring in about 0.1% of women, with 74% associated with a rudimentary horn due to incomplete Müllerian duct fusion. In 70-90% of these cases, the rudimentary horn is non-communicating. Müllerian anomalies are known to increase the risk of ectopic pregnancy, highlighting the importance of early diagnosis to guide fertility planning. **Case Description:** Our case describes a 30-year-old primigravida who presented at 4 weeks of amenorrhea with suprapubic pain. She had underlying congenital anomalies including clubfoot, torticollis and hydrocephalus. Abdominal examination was unremarkable. Transvaginal ultrasound showed a retroverted uterus, a right adnexal mass (2.2 x 2.8 cm), and the presence of free fluid in the pelvis. Serum beta human chorionic gonadotropin (β hCG) level was 2483 IU/L. A diagnosis of ruptured ectopic pregnancy was suspected and she was planned for a diagnostic laparoscopy. Intraoperatively, a unicornuate uterus of normal size was visualized deviated to the left, along with a leaking left tubal pregnancy. There was a non-communicating right rudimentary horn, with the right fallopian tube was joined to the rudimentary horn. The right ovary was identified in the right lumbar region. Left salpingectomy was performed. Postoperatively, the patient was scheduled for further imaging studies. **Discussion:** This case highlights the diagnostic challenges when uterine anomalies coexist with ectopic pregnancy. The presence of systemic congenital anomalies should prompt evaluation for associated Müllerian defects, as they frequently co-occur. Early identification of uterine anomalies allows for conservative management, fertility preservation, and informed pregnancy planning.