An adolescent affliction: nephrectomy and persistent severe pains due to misdiagnosed non-communicating "retroperitoneal" uterine horn.

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Abstract:

Abstract STUDY OBJECTIVE: To report the existence and management of retroperitoneal functioning uterine horn in a case with unicornuate uterus and to emphasis the significance of its misdiagnosis. STUDY DESIGN: Case report. SETTING: Assiut University, Woman's Health Hospital. PARTICIPANTS: An adolescent female with progressive pains related to menstruation. INTERVENTIONS: Extraperitoneal resection of the obstructed uterine horn. MAIN OUTCOME MEASURE: Operative time, complications and postoperative pains. RESULTS: A patient aged 11 years presented with severe lower abdominal pains, history of correction of ectopia vesicae in infancy, and recent history of nephrectomy for ipsilateral obstructed pelvic kidney. MRI and transrectal ultrasonography showed a pelvic mass with thick wall. Laparoscopy showed unicornuate uterus with only the left horn was being visualized. Hysteroscopy showed normal vagina and cervical canal communicating with normal left hemi-cavity. Extraperitoneal approach via extending the incision of previous nephrectomy was done under laparoscopic monitoring. Excision of the horn was done totally extraperitoneal without puncturing its covering parietal peritoneum within 65 min. No operative or postoperative complications were reported. Menstrual pains showed dramatic improvement after the procedure. CONCLUSIONS: The present report is the first to describe the existence of a retroperitoneal functioning uterine horn with description of a successful extraperitoneal approach for its excision. Nephrectomy in the present case might be attributed to misdiagnosis of this problem. Copyright © 2012 North American Society for Pediatric and Adolescent Gynecology. Published by Elsevier Inc. All rights reserved.

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