Asian Journal of Surgery (2019) 42, 784–785

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LETTER TO EDITOR

Remnant functioning cervical tissue removal after excision of rudimentary horn

To the editor,

We can often read some reports about the surgical procedures and complications in your journal, which can provide experience for the management of the disease in the future. We found that the excision of a noncommunicating rudimentary horn with functional endometrium should be performed with caution to avoid the retention of functional tissue and remnant functioning cervical tissue removal probably result in bladder injury.

Unicornuate uterus with noncommunicating functional rudimentary horn is a rare Mullerian abnormality of the female reproductive tract and the rudimentary horn often requires surgical resection.[1] When the anatomical connection between the rudimentary horn and the unicornuate uterus is broad, some functioning cervical tissue is not easy to be removed completely and probably causes dysmenorrheal recurrence or pelvic mass after surgery.

A 38-year-old woman, gravida 0, was referred to our clinic because of an asymptomatic right pelvic mass for 2 years in August 2017. She underwent a transabdominal excision of right rudimentary horn with functional endometrium and right fallopian tube for dysmenorrhea in 1990. After the operation the dysmenorrheal was relieved, while pelvic mass was recurred repeatly. In 2001 the right ovarian endometriotic cyst was removed by laparotomy and in 2005 the right ovarian cyst puncture and the left salpingectomy was performed by laparotomy, and severe pelvic adhesion was also released in both surgeries.

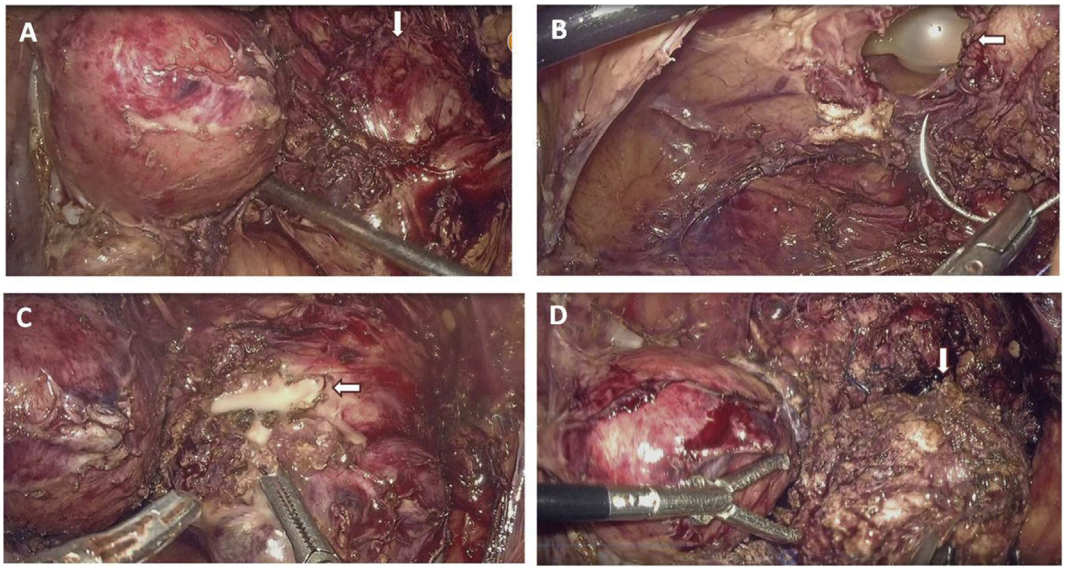

Figure 1 The procedure. A. A mass was noted to the right of the cervix of the unicornate uterus, B. The bladder which sticked firmly to the mass was injured and repaired, C. Yellow mucoid material was expelled from the mass, D. The mass was removed completely.

https://doi.org/10.1016/j.asjsur.2019.04.002

On pelvic examination a mass of diameter 6 cm was felt on the right of uterus and was firmly adherent to the uterus by a thick broad-based connection. Magnetic resonance imaging showed there was a left unicornuate uterus with a cavitated mass measuring 7 × 6 × 6 cm on the right of the pelvix, which broadly attached the cervix of unicornuate uterus, with a wall similar to myometrium and sticky fluid in the cavity.

During laparoscopic surgery (Fig. 1), omentum and intestine were stick firmly to the pelvic organs and after the lysis of adhesion a mass was noted to the right of the cervix of unicornuate uterus (Fig. 1A), the tissue around the mass was separated using an ultracision energy scalpel and the bladder which sticked firmly to the mass was injured and repaired (Fig. 1B). When the mass was opened, yellow mucoid material was expelled (Fig. 1C) and the bottom of the cavity was exposed. The mass was removed completely (Fig. 1D) and pathologic analysis confirmed that the excised tissue was remnant cervical tissue. The pelvic mass did not recur at follow-up 20 months after the operation.

Remnant functioning cervical tissue is a long-term complication requiring further surgical intervention after the initial excision of functional rudimentary horn.[2] The case suggests the excision of a noncommunicating rudimentary horn with functional endometrium should be performed with caution to avoid the retention of functional tissue and remnant functioning cervical tissue removal probably result in bladder injury.

Conflict of interest

All authors declare that they have no conflict of interest.

Acknowledgements

This study was supported by Key Talents Project of Maternal and Child Health in Jiangsu, China (No. FRC201730) and 333 Project Foundation of Jiangsu, China (No. BRA2017146).

Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.asjsur.2019.04.002.

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29 March 2019