

## CASE REPORT

# A Case of Unilateral Dysmenorrhea

<sup>1</sup>Neelima V Nair, <sup>2</sup>Divya R Prasad, <sup>3</sup>Sulekha PB Devi

## ABSTRACT

A 16-year-old girl presented in outpatient department (OPD) with severe unilateral dysmenorrhea. This case highlights the importance of taking a thorough history and doing the relevant clinical examination and investigations.

**Keywords:** Unilateral dysmenorrhea, Uterine malformation, Rudimentary horn.

**How to cite this article:** Nair NV, Prasad DR, Devi SPB. A Case of Unilateral Dysmenorrhea. J South Asian Feder Menopause Soc 2013;2(1):48-49.

**Source of support:** Nil

**Conflict of interest:** None

## INTRODUCTION

Dysmenorrhea is a common complaint of adolescents attending the outpatient department. It is very easily overlooked as nonpathological if a proper history is not elicited from the patient. Unilateral dysmenorrhea in adolescents may be associated with uterine malformation. Here, we present a case of unilateral dysmenorrhea in a girl with unicornuate uterus with rudimentary horn.

## CASE REPORT

A 16-year-old girl attended the outpatient department of our hospital with complaints of severe congestive dysmenorrhea. Due to her dysmenorrhea, she had even stopped schooling. She was evaluated and treated at various hospitals with no relief. On careful elicitation of history at our hospital, it was found out that dysmenorrhea was unilateral (on the left side) and congestive and present from menarche. On examination, secondary sex characteristics were present, abdomen examination no mass felt, per rectal examination showed a mass to the left of uterus. Ultrasound scan (USS) gave a differential diagnosis (DD) of cervical fibroid with normal kidneys. Magnetic resonance imaging (MRI) done gave a DD of unicornuate uterus with noncommunicating rudimentary horn with adenomyotic changes/cervical fibroid. A provisional diagnosis of rudimentary horn was made and the girl was posted for excision. Eventhough laparoscopy



Fig. 1: Unicornuate uterus with left rudimentary horn

is the preferred approach, as the family of the girl could not afford it, a laparotomy was done. On laparotomy, two separate cornu of uterus were seen with no methylene blue spill on the left rudimentary horn. The rudimentary horn was found attached to the uterus by a fibrous band just above the level of internal os of the cervix. Excision of the horn was done. The ovary on the affected side was conserved. Histopathology came as noncommunicating endometrial cavity with proliferative phase endometrium myometrium showed adenomyotic changes. The girl came for follow-up and has no complaints of dysmenorrhea (Fig. 1).

## DISCUSSION

Unicornuate uterus with rudimentary horn is a rare type of mullerian duct anomaly. Almost in all the cases, the horn is noncommunicating. The horn may have a functional endometrial cavity or may contain only myometrium with no functional endometrium. Forty percent of patients with unicornuate uterus will have a urinary tract anomaly (usually of kidney).<sup>1</sup>

Unicornuate uterus is usually asymptomatic, but when it is symptomatic it is usually due to the presence of functional endometrium with obstruction to the outflow of blood. In such a situation, the typical presentation is unilateral dysmenorrhea from menarche. The diagnosis of mullerian duct anomaly can be made using USS, but MRI is more specific for evaluation.

If a diagnosis of unicornuate uterus with rudimentary horn is made, then it should be excised as soon as possible as it carries increased risk of endometriosis and uterine rupture.<sup>2</sup> If facilities are available, then laparoscopy and excision are the treatment of choice.<sup>3,4</sup> If the ovary on the affected side is normal, then it can be left alone.

<sup>1</sup>Associate Professor, <sup>2</sup>Assistant Professor, <sup>3</sup>Professor

<sup>1-3</sup>Department of Obstetrics and Gynecology, Sree Gokulam Medical College, Venjaramoodu, Thiruvananthapuram, Kerala, India

**Corresponding Author:** Neelima V Nair, Associate Professor Department of Obstetrics and Gynecology, Sree Gokulam Medical College, Venjaramoodu, Thiruvananthapuram-695607, Kerala Phone: 0472-3041000, e-mail: drneelimavnair@gmail.com

**REFERENCES**

1. Fritz MA, Speroff L, editors. *Clinical Gynecologic Endocrinology and Infertility*. SAE: Lippincott Williams & Wilkins; 2011.
2. Borah T, Das A, Panda S, Singh S. A case of unilateral dysmenorrhea. *J Hum Reprod Sci* 2010 Sep-Dec;3(3):158-159.
3. Perrotin F, Bertrand J, Body G. Laparoscopic excision of unicornuate uterus with rudimentary horn. *Huma Reprod* 1999;14: 931-933.
4. Tanaka Y, Asada H, Uchida H, Maruyama T, Kuji N, Sueok K, et al. Case of iatrogenic dysmenorrhea in non-communicating rudimentary uterine horn and its laparoscopic resection. *J Obstet Gynaecol Res* 2005 Jun;31(3):242-246.