

**P 51: A Case of Pregnancy in a Noncommunicating
Rudimentary Horn with
Unicornuate Uterus**

***Pushpakaknthan EJ, Ethayaroban I, Saravanabhava N,
Guruparan K***

District General Hospital, Kilinochchi, Sri Lanka

Despite all the interventions her pregnancy was aborted at 21 weeks of gestation. After 6 months she underwent Myomectomy Two years later she had her second planned pregnancy and anticoagulation was switched to LMWH in therapeutic doses. Pregnancy proceeded without further complications and delivered at 37 weeks of gestation by elective caesarian section due to unstable lie with multiple fibroids and resulted in a healthy 3100g baby. Her caesarian section was complicated with bleeding and emergency hysterectomy was performed. Currently, the patient is under anticoagulation with warfarin.

Discussions: Pregnancy is a critical period for thromboembolic events, both in terms of risk factors and therapeutic options. The risk increases in pregnancy, particularly during third trimester and puerperium, due to physiological changes. Thromboembolism is the most common direct cause of maternal mortality in developed countries and it is estimated that one in every 2500 pregnancies may be complicated by DVT or PE, and . Therefore it is essential to optimize the antithrombotic prophylactic care principally in women with additional thrombophilic factors like fibroids and IVC filter. This case-report highlights several complex issues first, the need for effective anticoagulation in high-risk patients, that is, frequently overwhelmed by the fear of anticoagulants administration during pregnancy, secondly, place of IVC filter to prevent pulmonary embolism in selected high risk patients.

Conclusions: Effective anticoagulation lead to successful pregnancy outcome in a patient with IVC filters.

Sri Lanka Journal of Obstetrics & Gynaecology 2014; Vol. 36 (suppl. 1)