

# Acute unilateral retinal artery thrombosis in pregnancy – A case report

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## ABSTRACT

**Introduction:** Ocular vascular occlusion (OVO) in pregnancy and peripartum is rare and is associated with spontaneous abortion, eclampsia, or maternal thrombosis. We describe a case of unilateral left retinal artery occlusion (URAO) in a young pregnant mother. **Case Description:** A 31-year-old, Chinese lady, G3P2 at 28 weeks gestation was referred urgently from a private ophthalmologist for systemic evaluation of acute left URAO. She presented with left eye scotoma for 3 weeks without systemic symptoms. Patient consulted an ophthalmologist as symptoms were not resolving. Patient was euthyroid, had no clinical signs of connective tissue disease nor vasculitis, had no history of thrombotic events, did not consume traditional medications, and had no significant family history. Eye assessment review showed left RAPD, pale optic disc, cotton wool spot with attenuated retinal artery at superior and infranasal areas. Her blood count, coagulation studies, ESR and CRP were normal. ANA=1:80, ENA and initial antiphospholipid screening were negative. ECG was sinus rhythm, Echocardiogram showed no intracardiac clot nor septal defects. Ultrasound doppler carotid and axilla excluded active vasculitis. Obstetric scan revealed SGA fetus with unhealthy placental. LMWH and antiplatelet treatment was commenced. She is closely monitored for pre-eclampsia and eclampsia and asked to report any new thrombotic events. **Discussion:** OVO during pregnancy confers increase thrombotic risk to mother and adverse pregnancy outcomes. It is reported to be associated to familial or acquired thrombophilia. Thrombophilia and systemic evaluation should be carried out promptly. Institution of thromboprophylaxis and close monitoring of complications are essential during peripartum period.

# Ruptured pregnancy in a rudimentary uterine horn

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## ABSTRACT

**Introduction:** Rupture of a rudimentary horn is a life-threatening complication in pregnancy. **Case Description:** A case of noncommunicating rudimentary uterine horn pregnancy is described. The pregnancy proceeded to twenty gestational weeks when patient presented with signs and symptoms of massive hemoperitoneum and mis-diagnosed as ruptured ectopic pregnancy. Emergency exploratory laparotomy revealed complete rupture of left non-communicating gravid rudimentary horn of uterus. A non-viable female infant found in abdominal cavity. The rudimentary horn with cervical agenesis had no communication with uterine cavity of right unicornuate uterus. Hemi-hysterectomy and left salpingectomy performed. Immunohistochemical examination showed hemorrhagic spongy serosa filling the uterine cavity and fallopian tube with mature chorionic villi and trophoblastic cells, infiltrating myometrium. **Discussion:** The diagnosis and management of rudimentary uterine horn continues to be challenging, needs high degree of alertness to prevent morbidity.