

**Background/Synopsis:** Uterine horn anomalies are present in up to five percent of the population, increasing to 24.5% among people who experience infertility, pregnancy loss, or both. One type of uterine anomaly is a unicornuate uterus, which often has an associated rudimentary horn. The incidence of twin gestation in a rudimentary horn is one in 10 million gestations. Pregnancy in a uterine horn is associated with a high risk for rupture by the second trimester.

**Objective/Purpose:** The purpose of this research is to present a rare case of twin gestation within a rudimentary uterine horn, as well as to assess current literature on diagnosis of uterine anomalies, other cases of twin gestations within a rudimentary horn, and any society guidelines on the subject. We aim to learn recommendations for management of gestations within a rudimentary horn.

**Methods:** A search was performed to find other case reports of twin gestations within a rudimentary uterine horn and society guidelines on mullerian anomalies. These were then compared to our patient's case.

**Results:** Literature search resulted in one case of a twin gestation, three cases of singleton gestations, and one retrospective review. Our patient presented at 13 weeks gestation with abdominal pain. She became hypotensive, with imaging suggestive of ruptured ectopic pregnancy versus uterine rupture. The patient underwent exploratory laparotomy, where an intraabdominal twin gestation, ruptured from a rudimentary horn was diagnosed and the uterine horn repaired. On review of the literature, the most important factor in diagnosis of a rudimentary horn pregnancy is the experience of the radiologist and their awareness of uterine malformations. Treatment recommendations come from case reports and include preoperative investigation for urinary anomalies and resection of the horn.

**Conclusions/Implications:** This case represents the importance of increasing awareness of mullerian anomalies and rudimentary horn pregnancies, as well as the need for increased residency training on uterine anomalies, imaging diagnosis, and management. We plan to expand upon this by assessing residents' knowledge on the subject to identify possible gaps in resident education.