A rare case of uterine didelphys

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Abstract
Uterus didelphys is one of the congenital uterine anomalies due to defective medial fusion of Mullerian ducts. Often remains asymptomatic and hence undetected. Women with congenital uterine alformation usually have higher incidence of complications during pregnancy and delivery. Although pregnancies can occur in patients with Mullerian duct anomalies, most of them have been linked to infertility, recurrent pregnancy loss, pre term deliveries, fetal mal-presentsations and other obstetrics complications, making successful pregnancy outcome a rare situation in this condition. We report a case of successful pregnancy outcome in a case of uterus didelphys bicollis. A 25year old P2L2 with 2 previous LSCS, failed LS, with 2 months of amenorrhea, continued her pregnancy till term and underwent cesarean section with concurrent sterilization.

Keywords: uterine didelphys, pregnancy

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Received Date: 03/10/2014 Accepted Date: 13/10/2014

INTRODUCTION

PAPER: Mrs. X, 25 yr old, a resident of K R nagara presented as P2L2 with 2 previous LSCS, sterilized 2 years back, with 2 months of amenorrhea. didelphys in august 2008. First pregnancy: Conceived spontaneously, she underwent Emergency cesarean section, indication being fetal distress with IUGR on 4/8/2009.Per op: uterine didelphys with vaginal septum. Baby was term, 1.9kg, IUGR, single umbilical artery and genu recurvatum which was corrected. Now the baby is 4 yrs old, alive and healthy. No contraception used.

Second Pregnancy
She conceived a year later spontaneously. Underwent Emergency LSCS for preterm premature rupture of membranes with previous LSCS and delivered a 1.5 kg male baby, the baby is 3 yrs old, alive and healthy. Underwent Laparoscopic sterilization in 2011 in which left tube was not visualized. Patient was conveyed the same and advised to come for follow up.

Third pregnancy
Conceived 2 yrs later. The lady continued her present pregnancy till term and underwent cesarean section, delivered a 1.9 kg term IUGR female baby, with concurrent sterilization. post-operative period uneventful. Both the mother and the baby were healthy.

USG revealed a pregnancy of 12 weeks duration. Patient opted for continuation of pregnancy. She was married for 8 years. She did not conceive for 3 years for which she was investigated with USG and found to have uterus

Figure 1: On examination: uterus was 12 weeks size, soft cervix, longitudinal vaginal septum was seen

Figure 2: Pregnancy was found in the left horn

DISCUSSION
The incidence of mullerian anomalies is 0.1 to 10\%^{1,4}. Mullerian duct is formed as an invagination of mesothelium of celomic cavity on ventral part of intermediate cell mass. Normal development includes:
- Organogenesis
- Fusion
- Septal resorption
American fertility Society classification and Modified Rock and Adam - AFS classification are the two systems used for classification\(^2,6\). Didelphic Uterus is a rare condition in which there is complete failure of fusion of mullerian ducts. Occurs in 1in 1500 to 1 in 15000 women. Often remains asymptomatic and hence undetected. Associated with best possibility of successful pregnancy outcome among all the uterine anomalies Diagnosis by Obstructive symptoms, Difficulty in using tampons, Difficulty in coitus, Symmetrical on palpation per abdomen, Vaginal septum and 2 cervices on examination\(^3\). During MRP, Abnormal uterine contour during pregnancy occurring despite the presence of IUCD, Persistent Postmenopausal bleed despite D and C, Incidentally on laprotomy, HSG to evaluate infertility\(^5\). Uterus didelphys may be associated with renal agenesis\(^3\). USG, HSG, Hysteroscopy, MRI, are used as the diagnostic modalities.

CONCLUSION
Although frequently asymptomatic with possibility of normal pregnancies in patients with Mullerian duct anomalies, all of these congenital anomalies have been associated with Infertility, Recurrent pregnancy loss, Preterm delivery, fetal malpresentation and other obstetric complications, all of which increase perinatal morbidity and mortality rates\(^1\). Successful pregnancy outcome is a rare situation in this condition.

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Source of Support: None Declared
Conflict of Interest: None Declared