VOLUME - 13, ISSUE - 08, AUGUST - 2024 • PRINT ISSN No. 2277 - 8160 • DOI : 10.36106/gjra

Original Research Paper | Obstetrics & Gynaecology

SUCCESSFUL OUTCOME OF PREGNANCY IN UTERINE DIDELPHYS – A CASE REPORT

Dr. Preeti F. Lewis	Associate Professor And Head Of Unit, Department Of Obstetrics And Gynaecology, Ggmc Mumbai
Dr. Vaishnavi Surpatne*	Junior Resident, Ggmc Mumbai *Corresponding Author
Dr. Swati Thathira	Junior Resident, Ggmc Mumbai
Dr. Rucha Bendale	Junior Resident, Ggmc Mumbai

ABSTRACT Uterine didelphys, commonly called as double uterus, is a rare congenital uterine malformation. Women with anomalous uterus have comparatively less changes of normal pregnancy as it does not provide a suitable physiological environment. It gives rise to obstetric complications such as infertility, ectopic pregnancy, spontaneous abortions and preterm rupture of membranes and preterm labor. They are associated with normal as well as adverse reproductive outcomes. This paper reports a positive outcome in a 27 year old lady with uterine didelphys with fetal growth restriction with preterm premature rupture of membranes.

KEYWORDS : Uterine didelphys, preterm, fetal growth restriction

INTRODUCTION

Uterine malformations arise as a result of abnormal formation, fusion, or resorption of the Müllerian ducts during fetal life. The most common defects are septate uterus (approximately 35%) and bicornuate uterus (25%). Uterus didelphys is one of the rarest, accounting for 10% of all Müllerian anomalies. [1] It occurs due to complete failure of fusion of Müllerian ducts leading to separate uterine cavities and two cervices. It may have a longitudinal vaginal septum of varying thickness [2] Most women are asymptomatic, some may present with dyspareunia or dysmenorrhoea in the presence of a varying degree of longitudinal vaginal septum. It may be diagnosed during evaluation of infertility.

Case Report

A 27 year old female, married since 8 years , primigravida, came with complaints of leaking per vaginuum since 3 hours.

Menstrual history – LMP - ? EDD -? B/d - ? B/s – 36.6 (14.4)
Obstetric history – Primigravida , Spontaneous conception, Registered and immunised in JJH.

Gynaecological past history – Patient was trying for conception since 6 years and was being evaluated for the same, after ruling out male factor for infertility. Her hormonal profile and AMH levels were within normal limits. Baseline USG pelvis was done which was suggestive of two uterine cavities, two cervices with a single vagina. (Fig 1)

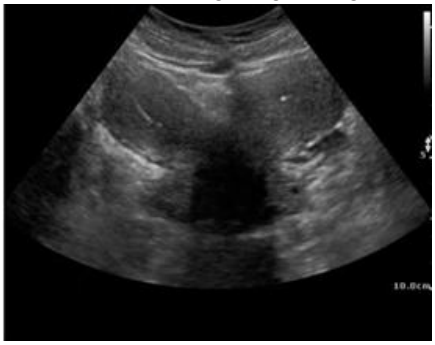


Fig. 1 – Ultrasonography showing 2 uterine cavities

Diagnostic Hysterolaparoscopy was done which revealed two uteri with one cornual fallopian tube and ovary on each side, without any communication. Chromopertubation was done revealing two vaginas and bilaterally patent tubes. Endometrial sample was taken by gentle curettage and sent for HPR which was suggestive of proliferative type of endometrium from each uterine cavity.

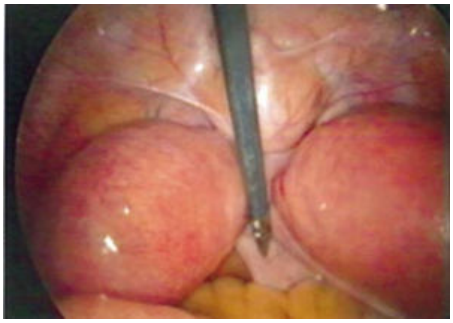
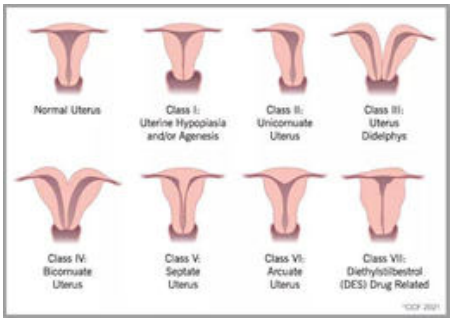


Fig 2. Laparoscopic findings



Antenatal course - Her antenatal period was uneventful. She was monitored closely for interval growth scans, considering high chances of fetal growth restriction and preterm labour. Her third trimester USG was suggestive of FGR with normal Doppler. She was started on high calorie diet and astyramine granules. She complained of pain in abdomen at 32 weeks of gestation and was hence started on tocolytics and advised bed rest. She complained of leaking per vaginuum at 36.6 wks. Per abdominally, a 34-36 weeks Fetus was in longitudinal lie with podalic lower pole. On per speculum examination, clear leak was present. A longitudinal vaginal septum was seen. On per vaginal examination, left gravid os was 1-1.5 cm dilated, poorly effaced. Right sided os was closed. Urgent USG was done which was s/o single live intrauterine gestation of 34.4 weeks, breech presentation, fundoposterior placenta, severe oligohydromanios (AFI 1-2 cm), EFW – 2215 gm and normal doppler study. Hence, decision was taken for emergency LSCS and a female child of 2.1 kg was delivered.

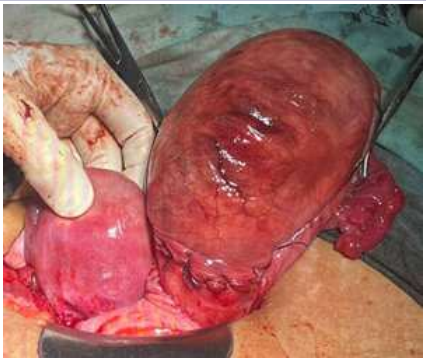


Fig. Intra-op findings of uterus didelpyhs

Uterus didelphys was confirmed during surgery: two uteri, each with one fallopian tube and an ovary (fig.3) The postnatal period was uneventful and patient was discharged on post op day 5.

DISCUSSION

Congenital anomalies of the female reproductive tract are of special interest because of their association with various reproductive difficulties: impaired possibility of natural or assisted conception, increased rate of first and second trimester miscarriages, preterm birth, placental abruption, lower birth weight and fetal growth restriction, malpresentation at delivery, and perinatal mortality [3] Fertility is not affected in women with uterus didelphys, but those who are pregnant are at risk for preterm delivery and malpresentation needing cesarean section for delivery.[4]

REFERENCES:

[1] Aiello, M. A., and Leuzzi, F. (2010), "Waste Tyrerubberized concrete: Properties at fresh and hardened state." Journal of Waste Management, ELSEVIER, 30,1696-1704.
[2] Batayneh, M. K., Marie, I., and Asi, I. (2008),"Promoting the use of crumb rubber concrete indeveloping countries." Journal of Waste Management,ELSEVIER, 28, 2171-2176.
[3] Egyptian Code Committee 203, (2003), "Experimentalguide for testing of concrete materials." Part 3 of theEgyptian code of practice for the design andconstruction of reinforced concrete structures.
[4] Eldin, N. N., and Senouci, A. B. (1993), "Rubber-Tyreparticles as concrete aggregate."Journal of Material inCivil Engineering, ASCE, 5(4), 478-496.