Rare Case Of Uterus Didelphis With Full Term Pregnancy In Each Horn

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Abstract

Uterus didelphys, also known as a duplicated uterus, is an embryological abnormality resulting from complete failure of fusion of the Mullerian ducts. We present the case of a young woman who had uterus didelphys with full term pregnancy, one in each horn. She was an unbooked case and the diagnosis of uterine didelphys was made intra operatively. Two full term babies were delivered by Cesarean section at 37 weeks of gestation. She had uncomplicated postoperative period.

Key words: *Uterus Didelphys, Mullerian Ducts, Twin pregnancy*

Introduction

Uterus didelphys, also known as a duplicated uterus, is an embryological abnormality that results from the failure of fusion of the Mullerianducts, causing abnormal uterine development. The occurrence of uterus didelphys is very rare in the general population and often predisposes women to a variety of gynecological problems. It can result in obstetrical complications, such as spontaneous abortion, preterm labour, cervical incompetence, and malpresentation. Uterus Didelphys is associated with developmental urinary tract abnormalities[1]. Pregnancy in a uterus didelphys is an uncommon occurrence with about 400 cases published.[2] The incidence varies from 1 in 1,500 to 1 in1,42,000 pregnancies worldwide.[3] The reported incidence of twins in patients with uterus didelphys is 1 in 12 as opposed to the overall incidence of 1 in 80.[2] A case report of twin pregnancies in a double uterus gets published rarely.

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Case report

Mrs.XYZ, 24 yrs old unregistered primigravida with history of eight and a half months amenorrhoea, reported to gynecology clinic for routine antenatal check up on 14th September 2009 at 3 pm with a diagnosis of twin pregnancy. She had regular menstrual periods with no significant past or family history. Her vital parameters were normal. On per abdomen examination, uterus was full term .Uterine contour at fundus suggested the presence of bicornuate uterus. Multiple fetal parts were felt. Both babies were in cephalic presentation with normal fetal heart rate. Complete Vertical vaginal septum was seen in perspeculum examination. There was a separate cervix on each side of vaginal septum as shown in [Fig. 1].

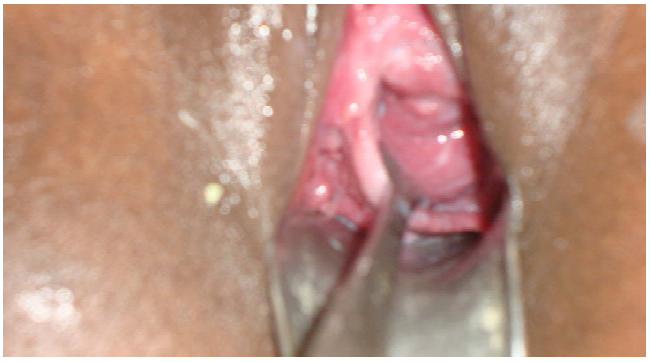

Fig 1:Showing vertical vaginal septum

Per-vaginal examination confirmed the presence of two cervices, both 1.5 cms dilated, minimally effaced and posteriorly placed. Obstetric ultrasonography revealed twin pregnancy with 36 wks 3days gestation, in cephalic presentation with normal cardiac activity. Amniotic fluid index was 8 cms, expected fetal weight of 1st twin was 1920 grams and that of second twin was 2012 grams. Placenta was diamniotic and dichorionic and was situated at the fundus. Uterine anomaly could not be detected at that time. She was posted for elective lower segment caesarean section on 15th September 2009. On opening the abdomen, two completely separate horns of uterus were seen with one tube and ovary attached to each horn. One baby with cephalic presentation was felt in each horn [Fig.2]

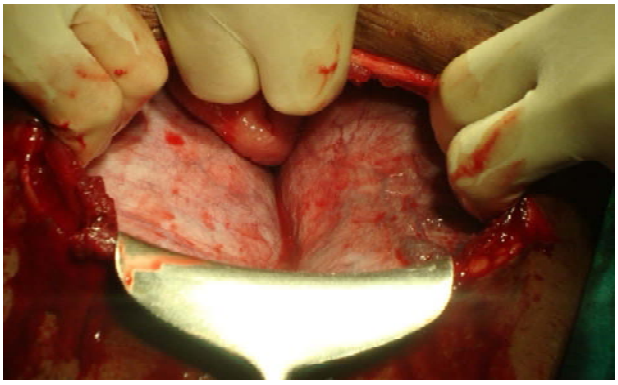

Fig 2:Showing two completely seperated horns

One baby was delivered from each horn by taking separate incision on lower segment. One placenta from each horn was removed separately after delivery of both the babies as shown in [Fig.3].

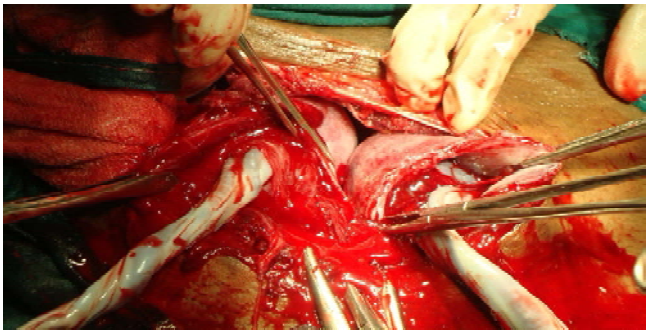

Fig 3:Showing two seperate placenta from two seperate horns

Both uterine cavities were explored and they were found to be completely separate. Both uterine wounds were sutured separately as shown in [Fig.4]

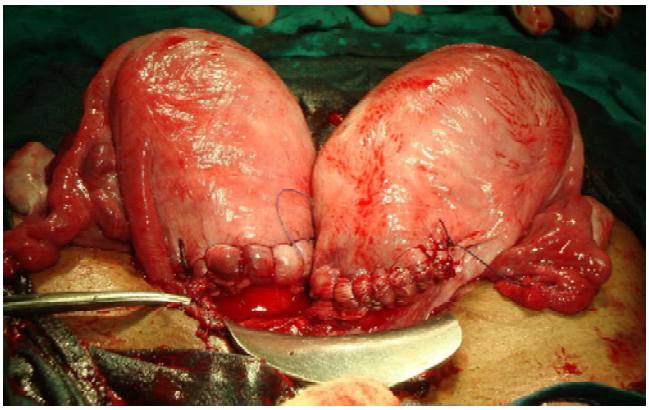

Fig 4: Showing uterus didelphys

Patient had uneventful post operative period. Both mother and babies were discharged on 22nd Sep 2009 [Fig 5].

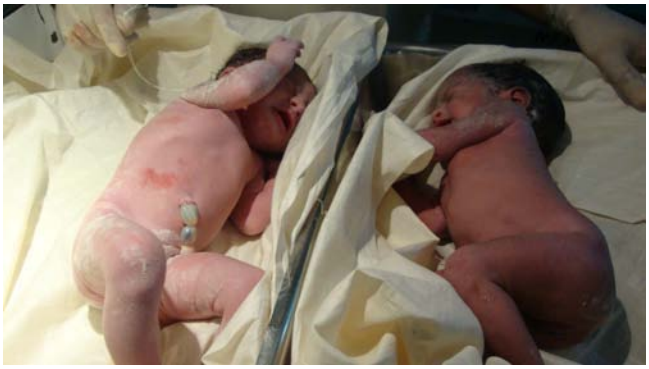

Fig 5:Showing twins delivered from seperate horns

Discussion

Congenital defects of the reproductive tract are often associated with great liability for premature labour, abnormal presentations with dystocia, and the increased necessity for cesarean section.[4] Multiple pregnancies are always regarded as high-risk pregnancies. [5] Neonatal complications in twins include low Apgar scores, small-for-date infants, hyaline membrane disease, and an increased incidence of mortality and morbidity as compared to singleton

pregnancies. The recent trend for the mode of delivery of multiple fetuses has been cesarean section than in the past.[6] Twin pregnancy in each horns of a uterus didelphys is a very rare phenomenon, and women who have such pregnancies belong to a high risk category. These women deserve meticulous prenatal care. Although pregnancy period may remain uneventful, it is possible that the uterine anomalies produce a considerably lower percentage of viable babies. The pregnancy in a functional hemi uterus has a better prognosis with regard to the fetal survival rate than a pregnancy in a uterus bicomuate, septate or arcuatus.[4] In our case report, both infants (both cephlic presentations) were delivered by cesarean section in the 37th week. The detection of uterine anomalies in early pregnancy is of great importance. Sonography has been reported to be useful in identifying abnormal uterine development in most of the cases.[7] Transvaginal sonography offers a new reliable diagnostic method in predicting uterine anomalies in the very early stages of pregnancy.[8, 9, 10] In the above mentioned case report, it was possible to detect a uterus didelphys with a viable twin pregnancy in both the horns only during intra operative period as patient presented very late in third trimester.

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