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EC GYNAECOLOGY
Case Report

Successful Pregnancy Outcome in a Patient with Bicornuate Uterus and Bad Obstetric History

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Received: August 26, 2020; **Published:** April 30, 2021

Abstract

The uterus is developed from para-mesonephric ducts. Congenital uterine anomalies result from failure of fusion of Mullerian ducts and due to its abnormal formation. Incidence of uterine anomalies in general population is estimated to be about 3 - 5% and 5 - 10% [1] in women with poor reproductive outcome.

Bicornuate uterus results from lateral fusion defect of paramesonephric ducts at around 10th week of intrauterine life. It is one of the common causes of recurrent pregnancy loss and is estimated to be found in about 15 - 27% [2] of women. Women with bicornuate uterus may carry the pregnancy to term and have successful pregnancy outcome, but they are at the risk of many obstetric complications such as malpresentation, preterm deliveries, PROM, recurrent pregnancy loss and cervical incompetence.

This is the case of a 30-year-old patient G4 A2 Ectopic 1, who came for recurrent pregnancy loss. After the basic investigations, it was found to be a unicornuate uterus on hysterosalpingography (HSG) and so she was posted for diagnostic Hystero-laparoscopy and Metroplasty. To our surprise, on Laparoscopy, she was found to have Bicornuate Uterus with obliterated right Uterine horn with the Fallopian tube and Ovary attached to it. Hysteroscopic lateral Metroplasty was done. Patient conceived 2 months after the procedure and carried the pregnancy to 36 weeks. Caesarian section was done due to Polyhydramnios, Breech presentation and undue Abdominal discomfort. A healthy 2.5 kg baby was delivered.

Keywords: *Bicornuate Congenital Abnormalities; Uterus; Paramesonephric Ducts; Unicornuate Uterus on Hysterosalpingogra-*

Introduction

Congenital abnormalities of Uterus results from failure of fusion of Paramesonephric ducts [3]. Bicornuate Uterine abnormalities may be asymptomatic and discovered only at the time of surgery for other reasons or during Infertility workup, like HSG, Hystero-Laparoscopy, or 3-D Sonography. In patients with recurrent pregnancy loss, surgical intervention in the form of lateral Metroplasty will help in achieving successful pregnancy outcome and helps in reducing pregnancy loss. Women with Bicornuate Uterus may carry pregnancy to term and have successful pregnancy outcome, but they are at the risk of many Obstetric complications such as malpresentation, preterm deliveries, PROM, recurrent pregnancy loss and cervical incompetence [4].

Case Report

30 years old patient, with secondary Infertility, (G3 A2 Ectopic 1) came to our center for consultation, in view of two successive Abortions and an Ectopic Pregnancy. Patient had history of Pulmonary Koch's and had taken ATT in October 2016. After getting her hormone profile done, HSG was done which showed a Unicornuate Uterus. With previous history of abortions, the patient was posted for Hystero-laparoscopy and to our surprise, the patient had a Bicornuate Uterus with obliterated Right horn with the Right Fallopian tube and Ovary attached to the obliterated horn.

The following were performed:

- P/A examination was normal. Scar of previous abdominal exploration seen.
- P/V Examination showed a normal cervix.
- USG: - AV, Normal size uterus.
- HSG suggest Unicornuate Uterus. Left sided slow spill present.

in view of above findings, the patient was posted for Hystero-laparoscopy and to our surprise it was found to be a Bicornuate Uterus and not Unicornuate as diagnosed by HSG.

Laparoscopy findings

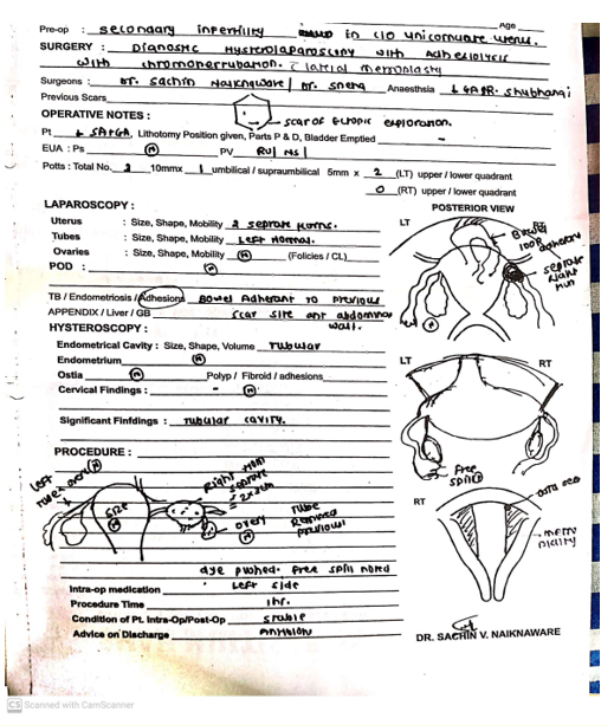

Figure 1

Hysteroscopic findings

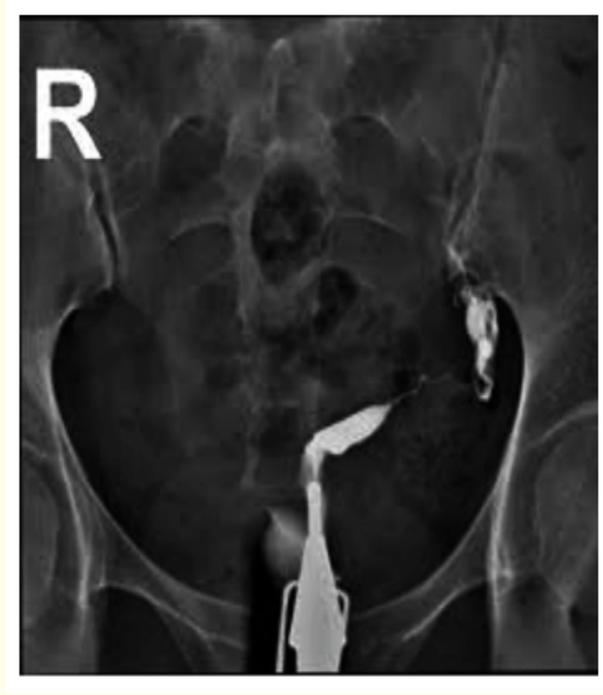

Figure 2

Intraoperative findings

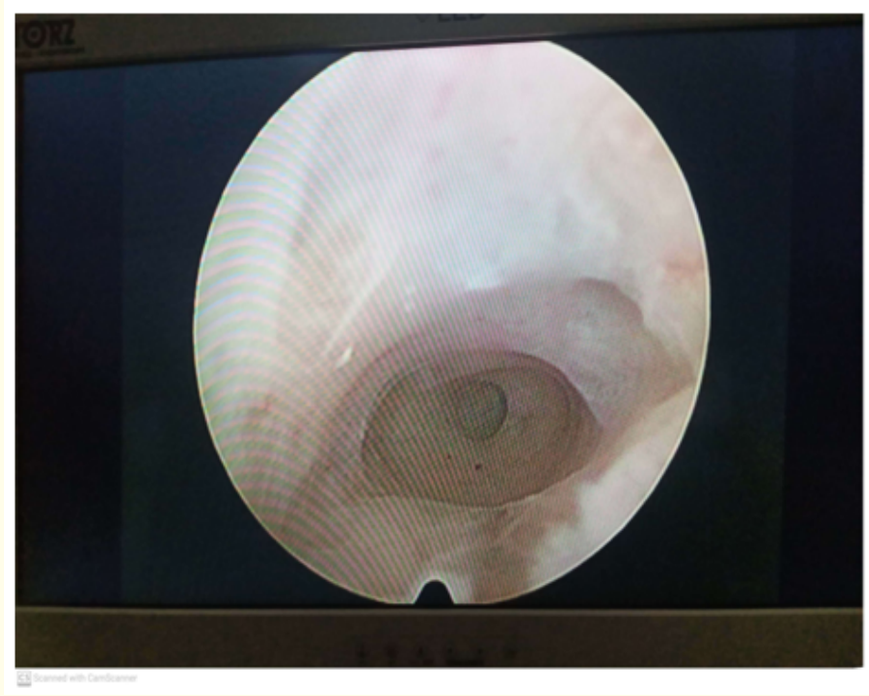

Figure 3

Right obliterated horn with tube and ovary attached to it

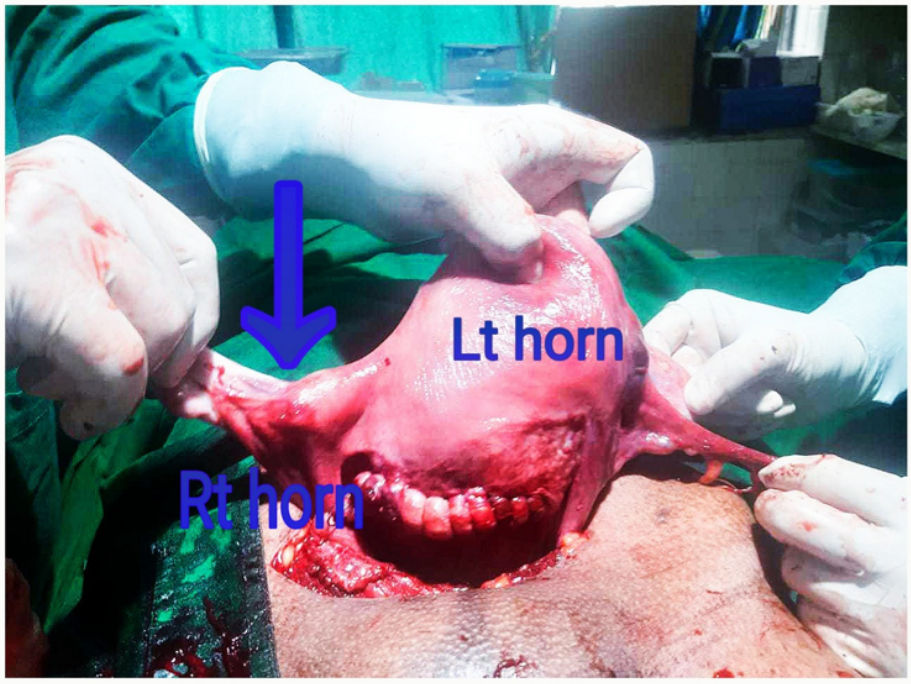

Figure 4

Subsequently she became pregnant two months after the procedure and her Antenatal course was stormy with episodes of pain and bleeding in the first trimester and pain episodes in the second and third trimester which was also complicated by Polyhydramnios with AFI being 22. During the period from the Laparoscopy which was done on 13.08.2019 to the time that she was diagnosed to have live Intrauterine pregnancy in 21/11/2019, the patient was admitted nine times for bleeding and pain episodes. She finally underwent Caesarian section on 24.06.2020 and a male baby weighing 2.5kg was delivered. The Caesarian section was performed at 36 weeks for Breech presentation and Polyhydramnios.

Discussion

Pregnancy in a malformed Uterus is not an uncommon occurrence. It is also associated with some Obstetric complications such as recurrent pregnancy loss, preterm labor, cervical incompetence, premature rupture of membrane and fetal malpresentation. Many patients with Uterine anomalies are asymptomatic and carry the pregnancy to term. Most of the times these anomalies are incidentally detected at the time of Laparotomy or Laparoscopy for other reasons. Women with unexplained recurrent pregnancy loss needs to be evaluated for physical anomalies by USG, MRI, HSG etc. HSG findings are not always accurate and so Hystero-laparoscopy needs to be done in almost all cases of recurrent pregnancy loss, for accurate evaluation and treatment.

Conclusion

Bicornuate Uterus is the commonest Uterine congenital anomaly. Most of the patients are asymptomatic and do not have any reproductive problem. In cases of restricted uterine cavity or tubular cavity, Hysteroscopic lateral Metroplasy helps in carrying the pregnancy to

term in many cases. It may be necessary to perform Hystero-laparoscopy in cases of undiagnosed recurrent pregnancy loss [5]. Pregnancy complication may be more in such patients. A sympathetic approach and psychological support along with Hospitalization will help them to have a successful pregnancy outcome.

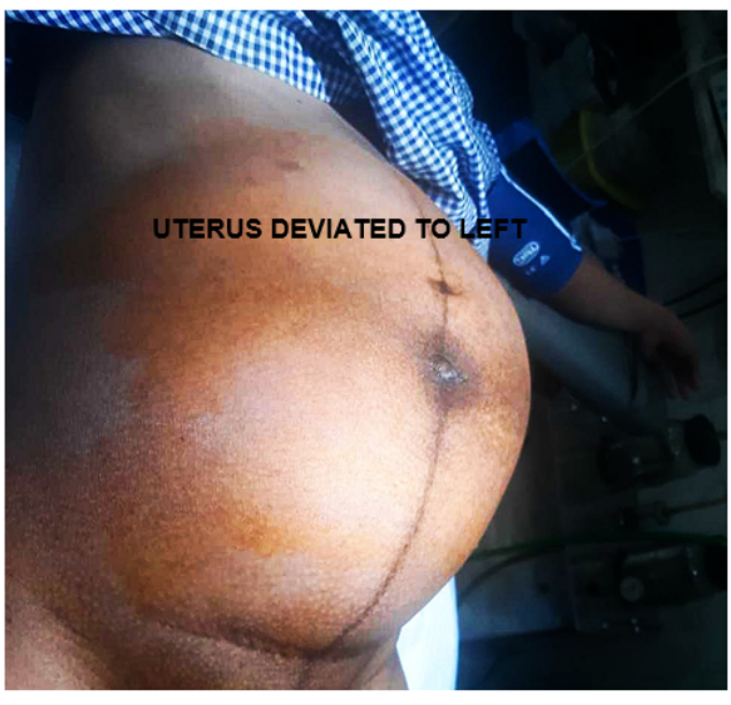

Figure 5

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Volume 10 Issue 5 May 2021