A twin pregnancy with uterus didelphys with left cervical hypoplasia
Ersoy E, Ersoy AO, Ozler S, Kaymak O, Erdinc AS, Uygur D
Zekai Tahir Burak Women's Health Education and Research Hospital, Ankara, Turkey

Objective
In February 2013, the European Society of Human Reproduction and Embryology (ESHRE) and the European Society for Gynaecological Endoscopy (ESGE) agreed on the term 'bicorporeal uterus' that incorporates the conditions congenital bicornuate uterus and uterus didelphys. According to this new classification, congenital malformations of the uterus, cervix and vagina should be reported separately. We present a rare case of a twin pregnancy with uterus didelphys and a hypoplastic left cervix.

Methods
A 20 year-old primigravida was referred to the tertiary care center of Perinatology in Ankara at 35 weeks gestation with a twin pregnancy, preeclampsia and intrauterine growth restriction. There was a foretold history that there were two uterine cavities visualised on ultrasound, but the diagnosis had not been confirmed.

Results
Cervicovaginal visualization with speculum revealed that she had a normal vagina, but two cervixes with a hypoplastic left cervix. Ultrasonographic examination revealed that there was a thick myometrial wall between the twins and both of twins had a cephalic presentation. Fetal monitoring indicated that there was fetal distress and the decision for caesarean section was made by the obstetric team. Intraoperatively, uterus didelphys was diagnosed. She delivered two girls weighing 2190g from the right hemiuterus and 1870g from the left hemiuterus.

Conclusion
According to new ESHRE/ESGE classification of female genital tract congenital anomalies, our case had complete bicorporeal uterus(class u3b), double cervix (class c2) and a normal vagina(class v0). After two postoperative days, she was discharged without any problem. The patient was advised to undergo a comprehensive urogenital system assessment for possible associated urinary tract abnormalities.