

Multiparity in a rare case of didelphys uterus

Vogeler F.¹, Duwe W.², Ruhland F.^{1,2}

¹gSUND Gynäkologie Kompetenzzentrum Stralsund
²Klinik für Gynäkologie und Geburtshilfe, HELIOS-Hansekrankenhaus Stralsund

Purpose:

The aim of the study was to evaluate reproductive performance of women with didelphic uterus.

Material and methods:

Case report, literature review.

Results:

Background:

Uterine anomaly is associated with poorer pregnancy outcomes such as recurrent miscarriage, increased incidence of fetal growth retardation, premature labor because of cervical incompetence, increased cesarean section rates as a result of fetal malpresentation or uterine contractility irregularities during labor and decreased live births compared to a normal uterus.

The didelphys uterus is a very rare Mullerian duct anomaly characterized by complete failure of the Mullerian ducts to fuse leading to separate uterine cavities and two cervixes. A longitudinal vaginal septum is also present ranging from thin and easily displaced to thick and inelastic. Reproductive and gestational outcomes varies in comparison to other more common types of uterine anomalies.

Case report:

This report discusses a case of a multiparous patient with a didelphys uterus (Pic.1). With this malformation she easily conceived three times (Pic.2&Pic.3), had uncomplicated prenatal care in managed in a high-risk obstetric setting. Cesarean section was performed in all cases due to fetal malpresentation.



Pic.1 three children of a patient with didelphys uterus



Pic.2 second pregnancy in the left horn



Pic.3 2-dimensional transverse uterine fundus with two distinct endometrial cavities

Literature review :

Data from literature review is given (Fig.1).

author	year	N	contraception	surgical treatment
Gomez et al	2015	1	spontaneous	resection of vaginal septum
Aaen et al	1993	15	spontaneous	none
Hsunitha C. et al	2013	1	spontaneous	LSCS
Tustas Haberal E et al	2016	1	spontaneous	hemihysterectomy due to active bleeding of placenta praeceta
Yang MJ et al	2015	1	IFV	LSCS (double singleton pregnancies)
Abdullah et al	2012	5	spontaneous (multipara)	laparotomy due to misdiagnosis of ectopic pregnancy

Fig.1 literature review

Conclusion:

- Literature available on the didelphys uterus is quite limited. Most of the data are based on small retrospective or case studies due to its low incidence.
- The ability to conceive and benefit from surgical correction remains a debatable issue. There is insufficient data on metroplasty; therefore it is not usually indicated. Excision of the vaginal septum may be required if thick and inelastic, increasing the risks of vaginal dystocia.
- A didelphys uterus is not an indication for cesarean delivery and thus vaginal delivery should be considered first.
- Routine prenatal care managed in a high-risk obstetric setting due to the associated risks is advised