



A rare case of a singleton pregnancy in a “double uterus”

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Objective

To present a case report of a singleton pregnancy in a Didelphys uterus. This congenital abnormality represents the complete failure of fusion of the two Müllerian ducts, leading to separate uterine cavities and cervixes. The incidence of this anomaly is 1 in 3000 women. Moreover the incidence of a pregnancy in this condition varies from 1 in 1500 to 1 in 142000 pregnancies. Women can be asymptomatic or may present with dyspareunia or dysmenorrhea. Although in 45 % of cases there is an increased risk for spontaneous abortion, fetal growth restriction and prematurity comparing with normal pregnancies, the fertility of females with untreated Didelphys uterus seems to be better compared with the other Müllerian anomalies. According to the literature, multiple pregnancies are rarely described with this condition, where the usual presentation is twins in each horn separately.

Methods

This is a case report.

Results

A 27years old G3P1 woman was diagnosed having a didelphys uterus during her second C section . In 2006 and 2014 the mother had 2 deliveries at 36 weeks of gestation due to malpresentation and premature contractions .(mean weight 2700 kg). In the third pregnancy ,an Obstetric Ultrasound was performed which revealed two widely separated uterine bodies with two separate cervixes. A single viable 8 weeks pregnancy was seen in the left sided uterus and an endometrial thickness in the other uterus. The combined test was low risk for chromosomal abnormalities and the anomaly scan didn't reveal any anatomical defects. Additional scans where performed to evaluate the fetal growth and well being and the length of the cervix on a regular basis. At 37 weeks the mother reported reduced fetal movements and premature rupture of membranes. An emergency C section was performed with bilateral Salpingectomy after maternal request. A healthy male was born 3000 grams.

Conclusion

Early diagnosis of a Didelphys uterus and appropriate management in case of pregnancy is of paramount importance so as to avoid the associated adverse outcomes. Vaginal delivery is not contraindicated, although the incidence of C section is 82 %, mainly due to malpresentation or due to dystocia that may be caused due to closed pelvic inlet or to a vaginal septum.



Right and Left uterine bodies



Right and Left uterine bodies

