International Journal of Current Advanced Research
ISSN: O: 2319-6475, ISSN: P: 2319 – 6505, Impact Factor: SJIF: 5.995
Available Online at www.journalijcar.org
Volume 6; Issue 9; September 2017; Page No. 5796-5797
DOI: http://dx.doi.org/10.24327/ijcar.2017.5797.0804

Case Report

UTERINE ABNORMALITIIES ON DIDELPHYS UTERUS-CASE REPORT

Saranya M*

Sree Balaji College of Nursing, Bharath University, Chrompet, Chennai-44

ARTICLE INFO

Article History:

Received 19th June, 2017
Received in revised form 3rd July, 2017 Accepted 18th August, 2017
Published online 28th September, 2017

Key words:

Didelphyus uterus, Mullerian duct anomalies, Dyspareunia

ABSTRACT

Uterine Abnormalities are associated with infertility, recurrent miscarriages, fetal intrauterine growth restriction, preterm labor, and retained placenta.Mullerian duct anomalies (MDAs) are congenital defects of the female genital system that arise from abnormal embryological development of the Mullerian ducts. A didelphys uterus, also known as a "double uterus," is one of the least common amongst MDAs. This report discusses a case of didelphys uterus that successfully conceived, carried her pregnancy to term, and delivered vaginally without any significant complications.

INTRODUCTION

Women with a didelphys uterus are asymptomatic, but some present with dyspareunia or dysmenorrhea in the presence of a varying degree of longitudinal vaginal septum. These abnormalities can include failure of development, fusion, canalization, or reabsorption, which normally occurs between 6 and 22 weeks in utero.[1]

Definition

Uterine abnormalities is defined as a type of female genital malformations resulting from an abnormal development of the Mullerian duct(s) during embryogenesis[2]

Incidence

Most sources estimate an incidence of these abnormalities to be from 0.5 to 5.0% in the general population [1–4].Septate uterus is the commonest uterine anomaly with a mean incidence of ~35% followed by bicornuate uterus (~25%) and arcuate uterus (~20%) [4]. Uterine anomalies may have a part in the delayed natural conception of women with mainly secondary infertility.

Case Report

This patient is a 28-year-old, who initially came a year before in her first pregnancy, with spontaneous abortion. Pelvic sonogram at that time showed a diagnosis of bicornuate versus didelphys uterus. On exam, patient had a noncommunicating, thick vaginal septum (Figure 1); however patient and her husband were not aware of the patient condition until that day.

Corresponding author:* **Saranya M
Sree Balaji College of Nursing, Bharath University, Chrompet, Chennai-44

There were no renal anomalies on subsequent abdominal CT scan. The patient did not report having dyspareunia, dysmenorrhea, or chronic abdominal pain in the past.

Patient presented with the second pregnancy, which was seen and evaluated by the general gynecologist and diagnosis of didelphys uterus was confirmed.[5]

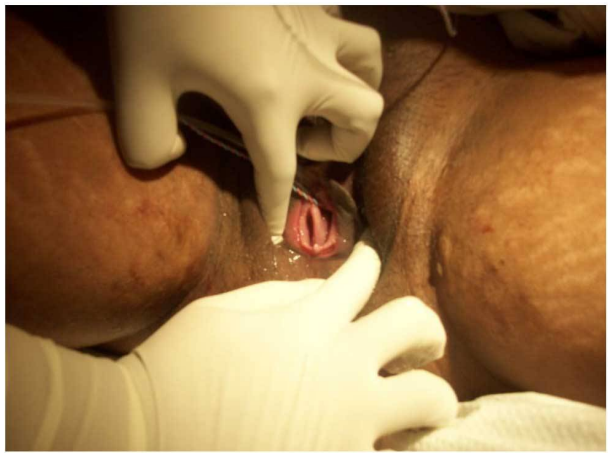

Fig 1 Non Communicable Vaginal Septum

Patient had a vaginal delivery of a baby boy with weight of 2660 grams with left mediolateral episiotomy and complete tear of vaginal septum.Patient had retained placenta, which was removed manually in the operating room with total EBL of 600 cc. Picture from the operating room shows two cervices next to each other.[5,7]

DISCUSSION

A didelphys uterus remains a very rare Mullerian duct anomaly in comparison to other anomalies described in the

Buttram and Gibbons classification. Most of the data on the clinical significance and outcomes of this uterine anomaly are based on small retrospective, observational, or case studies. [6]The results of these studies are mixed, not only due to the types of studies, but also due to the very low incidence of the anomaly in the population and the fact that more research has been directed to the more common malformations: arcuate, septate, bicornuate.

The fertility of women with untreated didelphys uterus has been shown by some sources to be better than those with other Mullerian duct abnormalities but still less than women with normal uterine anatomy. To go further, there are reported cases of women with didelphys uteri pregnant with twins or triplets demonstrating the ability to conceive and support the healthy growth of a fetus in either one of the uterine anomaly.[8]

CONCLUSION

The didelphys uterus is a very rare Mullerian duct anomaly with varying reproductive and gestational outcomes in comparison to other more common abnormalities.[9] Didelphys uterus is not an indication for cesarean delivery unless the vaginal septum is thick and inelastic resulting in an increased risk for vaginal dystocia. Lastly, when a didelphys uterus is diagnosed, renal anomalies should also be investigated to rule out Herlyn-Werner-Wunderlich (HWW) syndrome.[10]

References

1. P. K. Heinonen, "Uterus didelphys: a report of 26 cases," *European Journal of Obstetrics & Gynecology and Reproductive Biology*, vol. 17, no. 5, pp. 345-350, 1984. View at Google Scholar
2. P. K. Heinonen, "Clinical implications of the didelphic uterus: long-term follow-up of 49 cases," *European Journal of Obstetrics & Gynecology and Reproductive Biology*, vol. 91, no. 2, pp. 183-190, 2000. View at Publisher · View at Google Scholar
3. F. Raga, C. Bauset, J. Remohi, F. Bonilla-Musoles, C. Simón, and A. Pellicer, "Reproductive impact of congenital Müllerian anomalies," *Human Reproduction*, vol. 12, no. 10, pp. 2277-2281, 1997. View at Publisher · View at Google Scholar
4. G. F. Grimbizis, M. Camus, B. C. Tarlatzis, J. N. Bontis, and P. Devroey, "Clinical implications of uterine malformations and hysteroscopic treatment results," *Human Reproduction* Update, vol. 7, no. 2, pp. 161-174, 2001. View at Publisher · View at Google Scholar · View at Scopus
5. P. Acién, "Reproductive performance of women with uterine malformations," *Human Reproduction*, vol. 8, no. 1, pp. 122-126, 1993. View at Google Scholar
6. Uterus Didelphys, When Things go wrong: Congenital anomalies, A section from the pathology teaching Slides, University of Cape Town 2011, http://www.digitalpathology.uct.ac.za/topics/congenital_anomalies/uterus.html.
7. T. M. Chandler, L. S. Machan, P. L. Cooperberg, A. C. Harris, and S. D. Chang, "Müllerian duct anomalies: from diagnosis to intervention," *The British Journal of Radiology*, vol. 82, no. 984, pp. 1034-1042, 2009. View at Publisher ·
8. V. C. Buttram Jr. and W. E. Gibbons, "Müllerian anomalies: a proposed classification. (An analysis of 144 cases)," Fertility and Sterility, vol. 32, no. 1, pp. 40-46, 1979. View at Google Scholar · View at Scopus
9. B. Woelfer, R. Salim, S. Banerjee, J. Elson, L. Regan, and D. Jurkovic, "Reproductive outcomes in women with congenital uterine anomalies detected by three-dimensional ultrasound screening," *Obstetrics & Gynecology*, vol. 98, no. 6, pp. 1099-1103, 2001. View at Publisher · View at Google Scholar · View at Scopus
10. C. Magudapathi, "Uterus didelphys with longitudinal vaginal septum: normal delivery-case report," *Journal of Clinical Case Reports*, vol. 2, article 13, 2012.

How to cite this article:

Saranya M (2017) 'Uterine Abnormalitiies on Didelphys Uterus-Case Report ', *International Journal of Current Advanced Research*, 06(09), pp. 5796-5797. DOI: http://dx.doi.org/10.24327/ijcar.2017.5797.0804

****