

EP01.02. The first successful delivery after hysteroscopic metroplasty of Robert's uterus with pre-, intra- and postoperative ultrasound guided-management.

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Introduction

We report on a first successful term pregnancy after transrectal ultrasound (TRUS) - guided hysteroscopic metroplasty in Robert's uterus - an exceptionally rare, obstructive congenital uterine anomaly that manifests with chronic abdominal pain.

Case report

A 21-year-old nulliparous caucasian infertile woman was referred for expert reevaluation and surgical management. The initial diagnosis encompassed a unicornuate uterus with an obstructed rudimentary horn; the patient had previously received a proposal for laparoscopic horn resection. The three-dimensional sonohysterography with volume-contrast imaging revealed Robert's uterus: an asymmetric uterine septum, a non-communicating hemicavity with hematometra and contralateral unicornuate cavity contained in a single uterine body with a normal fundus. The patient underwent TRUS-guided hysteroscopic metroplasty with subsequent ultrasound-guided repeated adhesion prophylaxis: intrauterine balloon dilatation and hyaluronic acid gel administration. Two second-look hysteroscopies with adhesiolysis followed the initial metroplasty. The pregnancy was obtained 7 months after the final procedure. There were no important complications during pregnancy. A healthy male neonate of 2925 g and 10 Apgar points was delivered via an elective c-section at 37+0 gestational weeks.



Figure 1. Robert's uterus visualized via three-dimensional sonohysterography with volume-contrast imaging

Conclusion

The reported case indicates that TRUS-guided hysteroscopic metroplasty of Robert's uterus is successful in the treatment of obstruction and pain and may result in a safe-term pregnancy. The presented case may be an essential part of the discussion on whether TRUS-guided metroplasty should be the first-choice treatment for Robert's uteri instead of amputation of the horn with blind hemi-cavity.