

EP12.48: Bilateral Caesarean delivery for a spontaneously conceived di-cavitary twin gestation in a didelphic uterus: A rare case report

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Introduction:

Uterine didelphys is a rare type of congenital uterine anomaly resulting from incomplete fusion of the paramesonephric ducts during embryogenesis. It is a unification defect that results when there is failure of fusion of the caudal ends of the paramesonephric ducts, resulting distinctively separate two uterine cavities, two cervices and either a single or double vagina.

Case Report:

This case report is of a 31year old G3P1+1 (1 early neonatal death following preterm birth at 26weeks) who presented to the antenatal booking clinic at 16 weeks' gestation. She had an early USS at 5weeks gestation, suggestive of uterus didelphys with twin gestation. Her booking parameters were normal. She received two doses of tetanus toxoid and was regular on haematinics and progesterone to prevent recurrent preterm birth. She was admitted and managed for pregnancy-induced hypertension (PIH) and preterm contractions from malaria at 33weeks.

Delivery:

At 36+3 weeks, she was admitted for elective caesarean delivery, however, heart rate of twin 1 was noted to be persistently between 178-182bpm. She subsequently had an urgent caesarean delivery. First twin was delivered from the left cornu in breech presentation, male, birth weight of 3.0kg. Twin 2 was delivered from the right cornu in cephalic presentation, female with birth weight of 2.7kg. Both had APGAR score of 8 and 9 in the first and fifth minutes respectively. Placenta were delivered whole. Each uterine cavity was confirmed to be communicating with its cervix. The estimated blood loss was 500ml. Mother and babies did well postnatally.

Literature Review:

Di-cavitary twin gestation in uterine didelphys is extremely rare; with reporting incidence of 1 in 1,000,000 from previous studies.

Studies have reported twin pregnancy in one horn of a didelphic uterus with caesarean delivery following preterm prelabour rupture of membranes (PROM), as well as di-cavitary twin in uterus didelphys with preterm vaginal delivery.

Reported associated urological anomalies include OHVIRA syndrome (obstructed hemivagina, ipsilateral renal anomaly), and the Herlyn-Werner-Wunderlich syndrome (HWWS) - a rare anomaly with the triad of blind hemivagina, uterus didelphys, and ipsilateral renal agenesis.

This case report found no associated renal or gastrointestinal anomalies in index patient (Fig. 1).

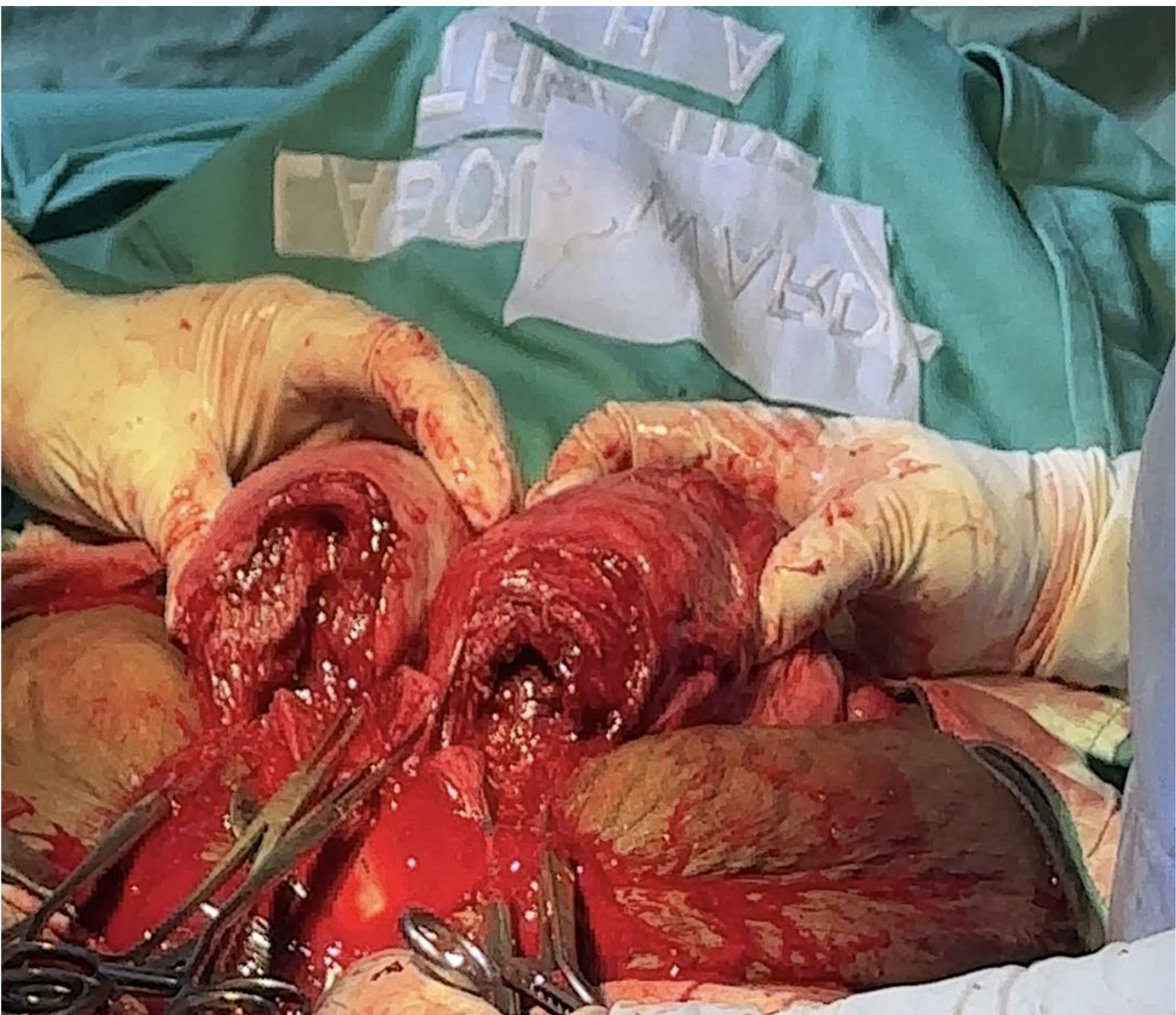


Figure 1: Intraoperative picture showing incised lower uterine segment of the two uteri after delivery of the fetuses and placentae.

Conclusion:

This case report adds to the existing body of knowledge on the diagnosis and management of twin pregnancy in uterus didelphys. It is a high risk pregnancy, close monitoring and surveillance in the index patient allowed prompt intervention and delivery of the babies, with healthy mother and babies, and happy family at discharge.

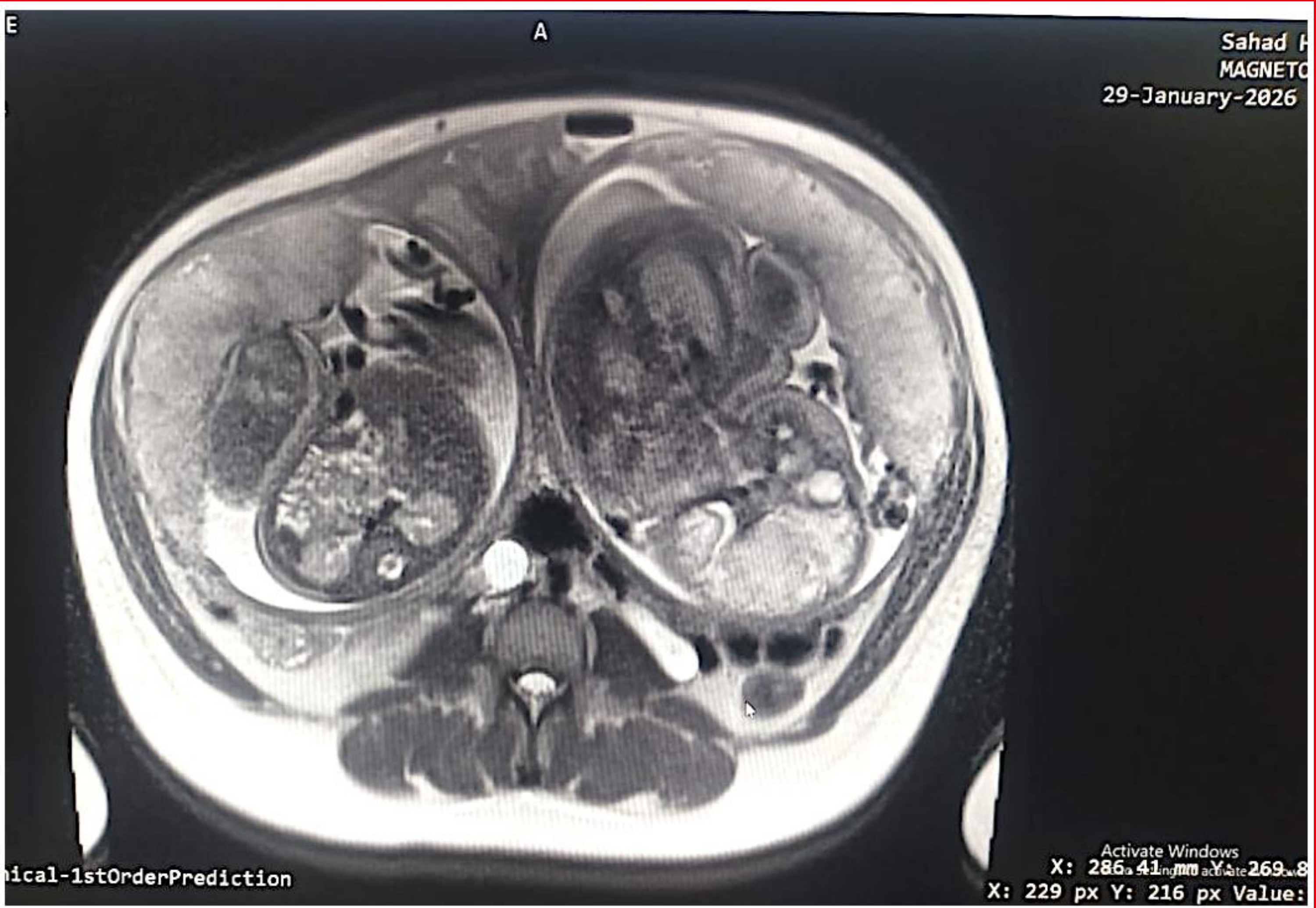


Figure 2. Obstetric magnetic resonance imaging (MRI) T2-weighted axial view showing two divergent uterine horns with a deep cleft between them, each harbouring a fetus and placenta. At the cervical region, axial view also confirmed two cervices.

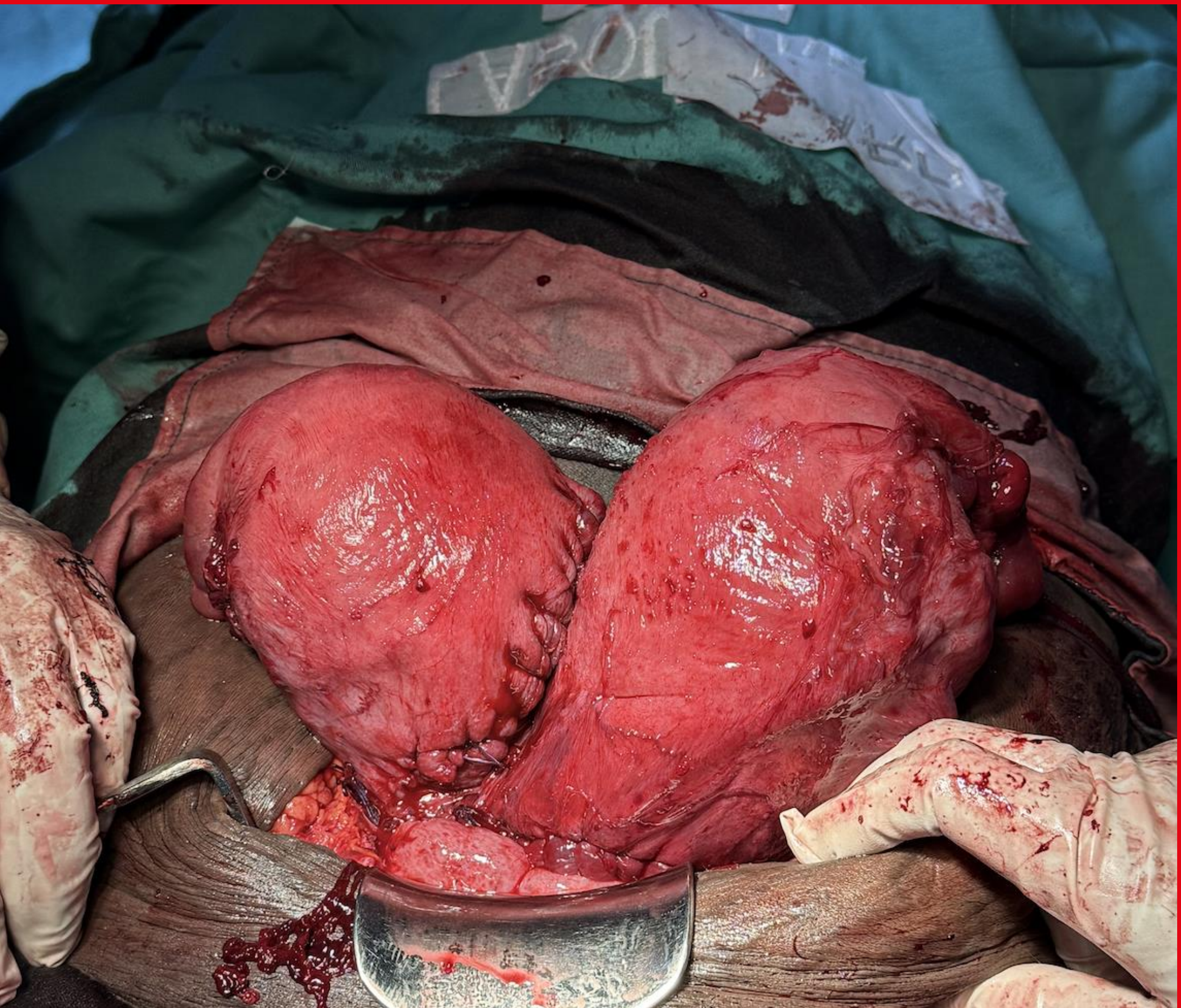


Figure 3. Uterus didelphys after hysterotomy closure