

EP16.195 | Uterus didelphys with vaginal septum diagnosed intrapartum despite multiple antenatal visits and ultrasound scans: a case report from Ghana

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Introduction & Background

Uterus didelphys with a vaginal septum is a rare congenital Mullerian duct anomaly.

It can remain asymptomatic until pregnancy and may be missed where advanced imaging access is limited.

This Ghanaian case highlights the diagnostic risk of relying on routine antenatal scans alone.

Key Findings

Two separate uteri were observed intraoperatively; one uterus contained the pregnancy.

Delivery resulted in a fresh stillbirth.

Postoperative transvaginal ultrasound and MRI confirmed uterus didelphys with a longitudinal vaginal septum.

Case Presentation

Patient: 27-year-old gravida 3 para 0+2 at 34 weeks gestation.

Presentation: lower abdominal pain and leaking liquor.

History: antenatal visits and ultrasound scans reportedly normal; no dysmenorrhoea, dyspareunia or chronic pelvic pain.

Discussion

Rare uterine malformations may be missed despite routine antenatal care and apparently normal scans.

In low-resource settings, delayed diagnosis can limit intrapartum planning and increase perinatal risk.

A high index of suspicion is needed in women with pregnancy losses or unusual vaginal/cervical findings.

Methods / Intrapartum Care

Managed as latent preterm labour with serial vaginal examinations and fetal monitoring.

Two vaginal openings with asynchronous cervical dilation were identified during labour.

Emergency Caesarean section was performed for fetal tachycardia.

Clinical Implications

Careful pelvic examination remains essential, even when prior imaging is reassuring.

Early recognition should prompt targeted imaging and multidisciplinary planning.

Provider training can improve identification of congenital reproductive tract anomalies.

Conclusion

Uterus didelphys with vaginal septum can remain undiagnosed until labour and can significantly affect maternal and perinatal outcomes. Early recognition through vigilant clinical assessment, targeted imaging and provider training is key to preventing morbidity and avoidable perinatal loss.

Take-home message: A normal antenatal scan should not replace careful pelvic examination when clinical findings are unusual.

Clinical and imaging findings



Figure 1. Vaginal septum separating the vaginal canal.

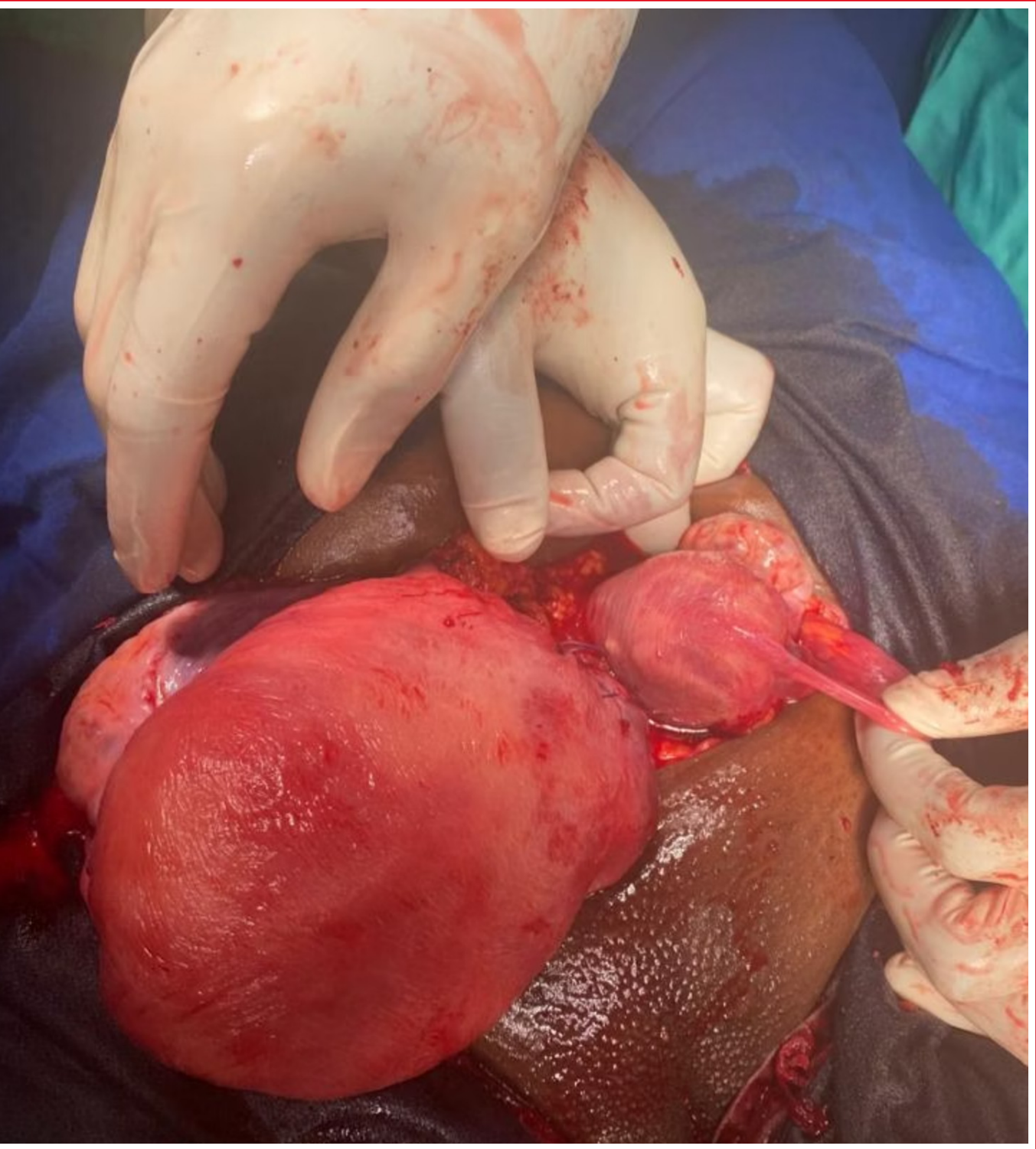


Figure 2. Intraoperative uterus didelphys with two separate uteri.

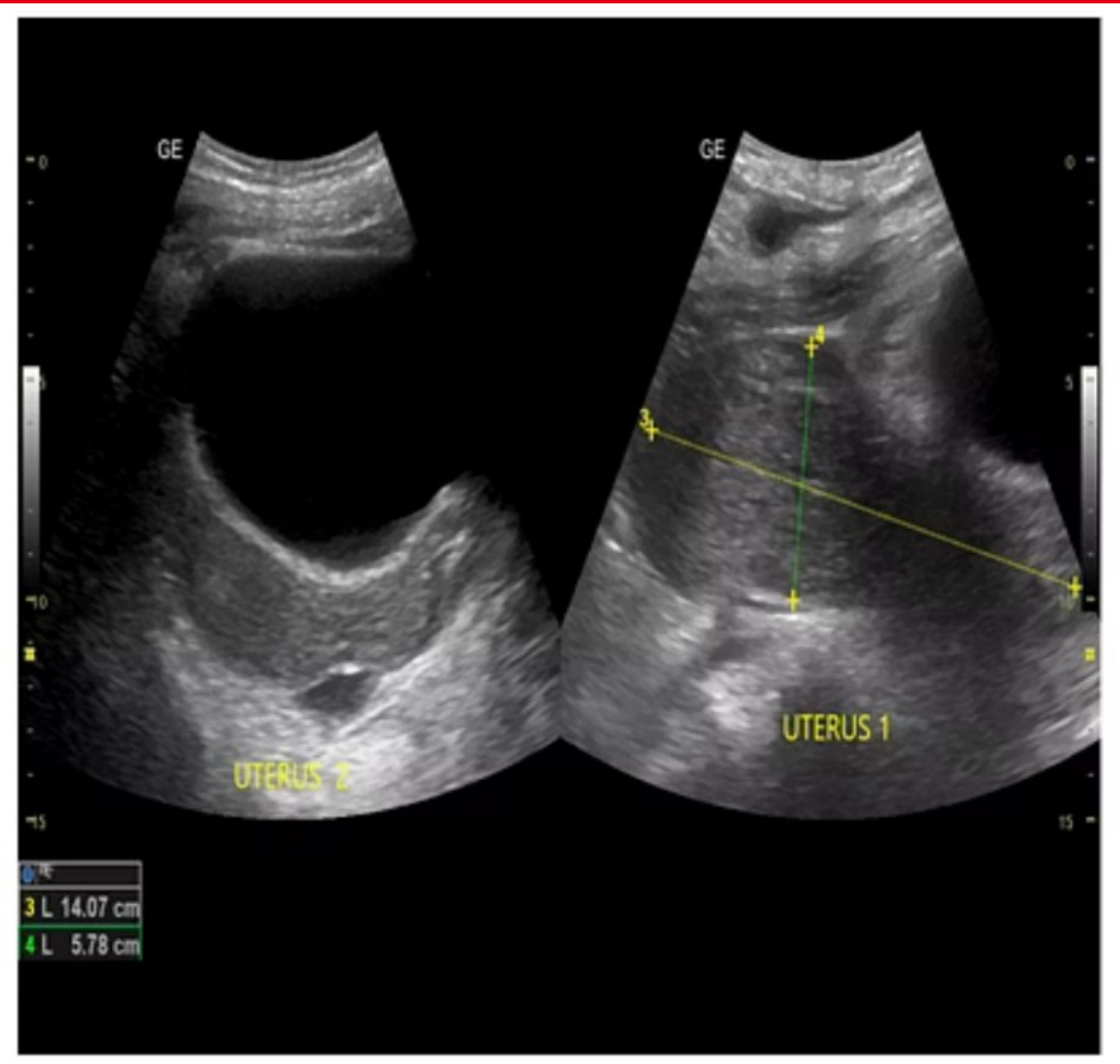


Figure 3. Transvaginal ultrasound demonstrating separate uterine anatomy.

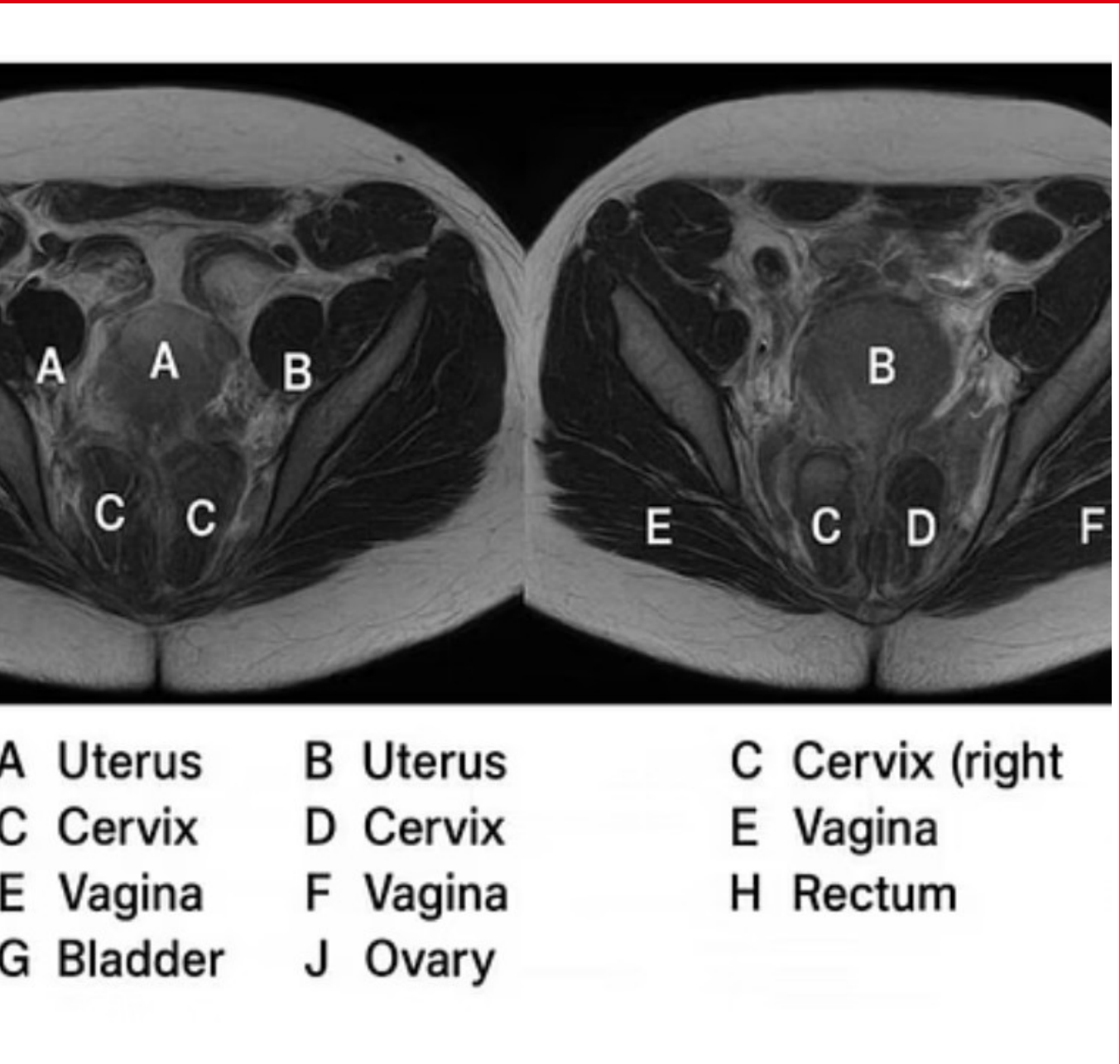


Figure 4. Axial MRI showing didelphys uterus anatomy.

Abstract category: [EP] Pregnancy complications - primarily maternal, peripartum, postpartum