

Incidental diagnosis of *Uterus Didelphys*

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Objective

This Case Report reinforces awareness of malformations in female reproductive tract and prompts the basics in clinical examination for a timely diagnosis and management

Case Report

This is a case of a 22-year-old healthy woman who underwent medical termination of pregnancy followed by surgical management of retained products of conception (SERPOC). This was her first pregnancy and she was previously known as bicornuate uterus. She confirmed previous genital examinations including Mirena coil insertion and multiple Ultrasound pelvis assessments. During the SERPOC she required internal ultrasound assessment in view of absence of products of conception. The internal ultrasound revealed a double uterus in keeping with Uterus Didelphys (UD). After the ultrasound's findings the vagina was re-examined confirming two cervices separated by a complete vaginal septum (double vagina). The SERPOC was successfully completed under ultrasound guidance and the blood loss was reported as minimal. After surgical procedure the patient was fully debriefed on the findings, the long term prognosis and management. A subsequent abdominal pelvic MRI confirmed no evidence of associated renal abnormalities.

Transvaginal ultrasound Images

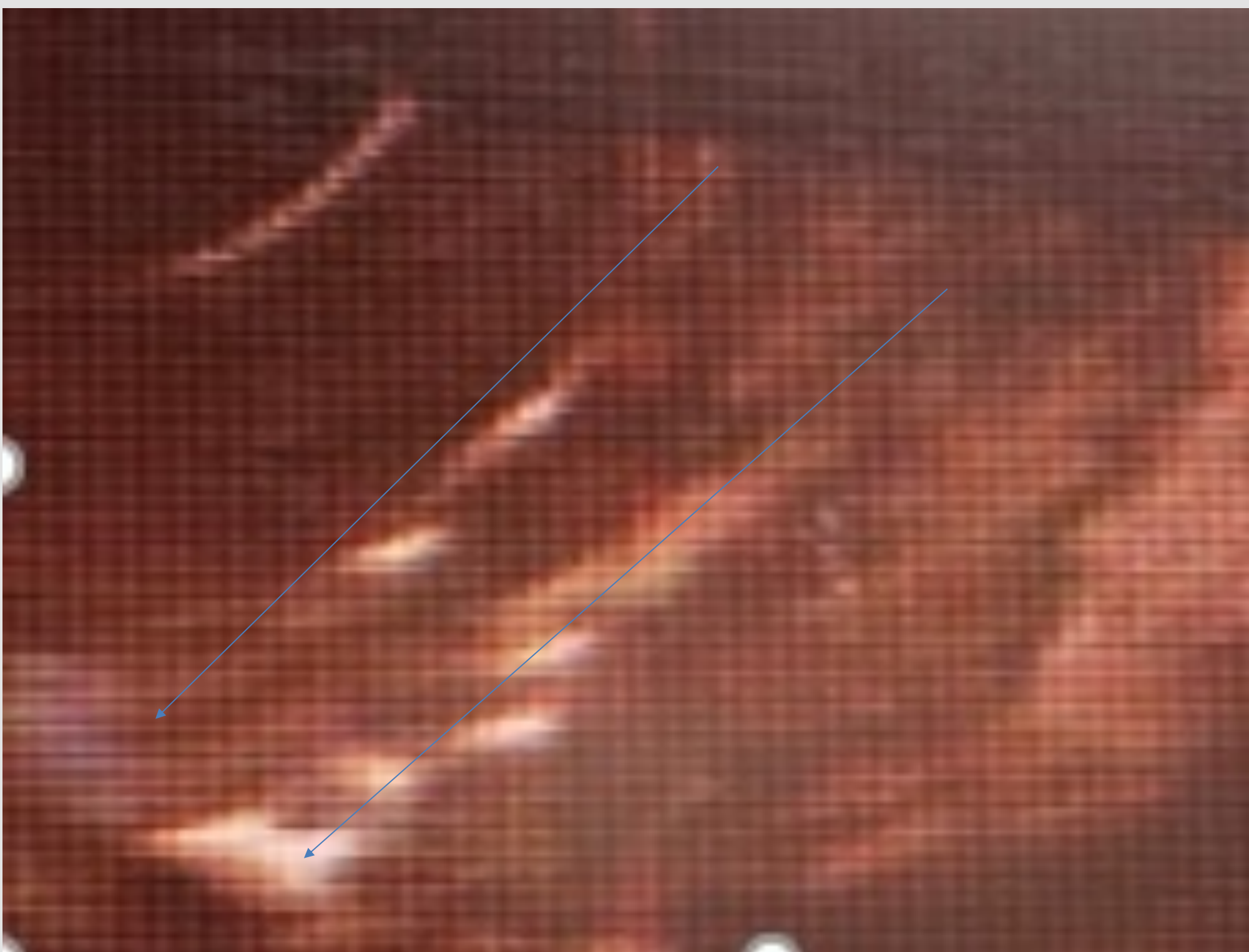


Figure 1: Double cervix

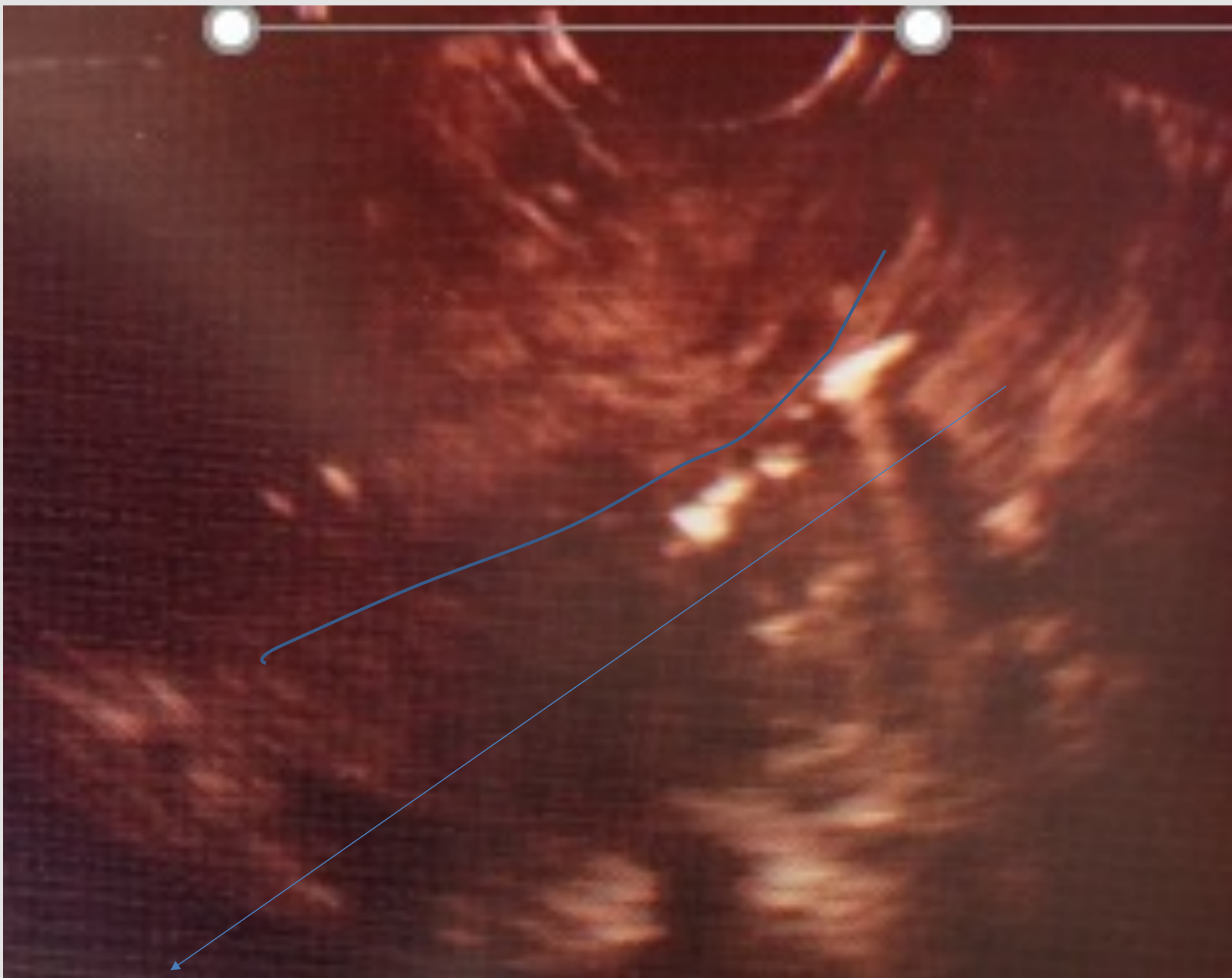


Figure 2: Double cervix and double uterine cavity. Reduced visibility of second cavity due to shadowing and RPOC.

Discussion

Müllerian duct malformations have a prevalence in general population from 0.5% to 6.7%. These abnormalities include failure of development, fusion, canalization, or reabsorption. May also associate with abnormalities of Wolffian ducts development. The complete failure of the Mullerian ducts to fuse leads to UD which accounts for the 11% of the Müllerian duct malformations (2). UD associates in 75-100% of cases, with either a vertical or transverse vaginal septum(3,4) UD may also presents as par of the Syndrome Herlyn Werner Wunderlich (UD, hemivaginal septum, and unilateral renal agenesis) with an incidence between 0.1 and 3 %. According to European Society of Human Reproduction and Embryology (ESHRE), and the European Society of Gynaecological Endoscopy (ESGE), our case is classified as Class 3/U3bC2V1 malformation (Figure 3): Bicorporeal uterus, Double normal cervix, Longitudinal non-obstructing vaginal septum. Diagnosis starts with basic and thorough gynaecological examination followed of Imaging techniques such as ultrasonography (2D&3D), hysterosalpingography , sonohysterography, MRI, Diagnostic Hysteroscopy and Laparoscopy. Most women are asymptomatic; however, UD could be associated with symptoms and complications such as amenorrhea, menstrual disorders, dysmenorrhea & pelvic pain, endometriosis, hematocolpos, hematometrocolpos,, pelvic mass and sexual difficulties. Although Bicornuate, Unicornuate and UD do not appear to reduce fertility they have an increased risks of adverse outcomes during pregnancy . MDT approach is crucial for this cases encompassing Gynaecological, Obstetric and psychosocial aspects. Some cases would require surgical intervention to treat anatomical distortions associated with obstructive anomalies to relieve symptoms including septum resection, drainage of hematocolpos and resection of endometrium among others(5,6) Metroplasty is not advisable due to its increased intraoperative and postoperative risks (7)

Class 3: uterus didelphys

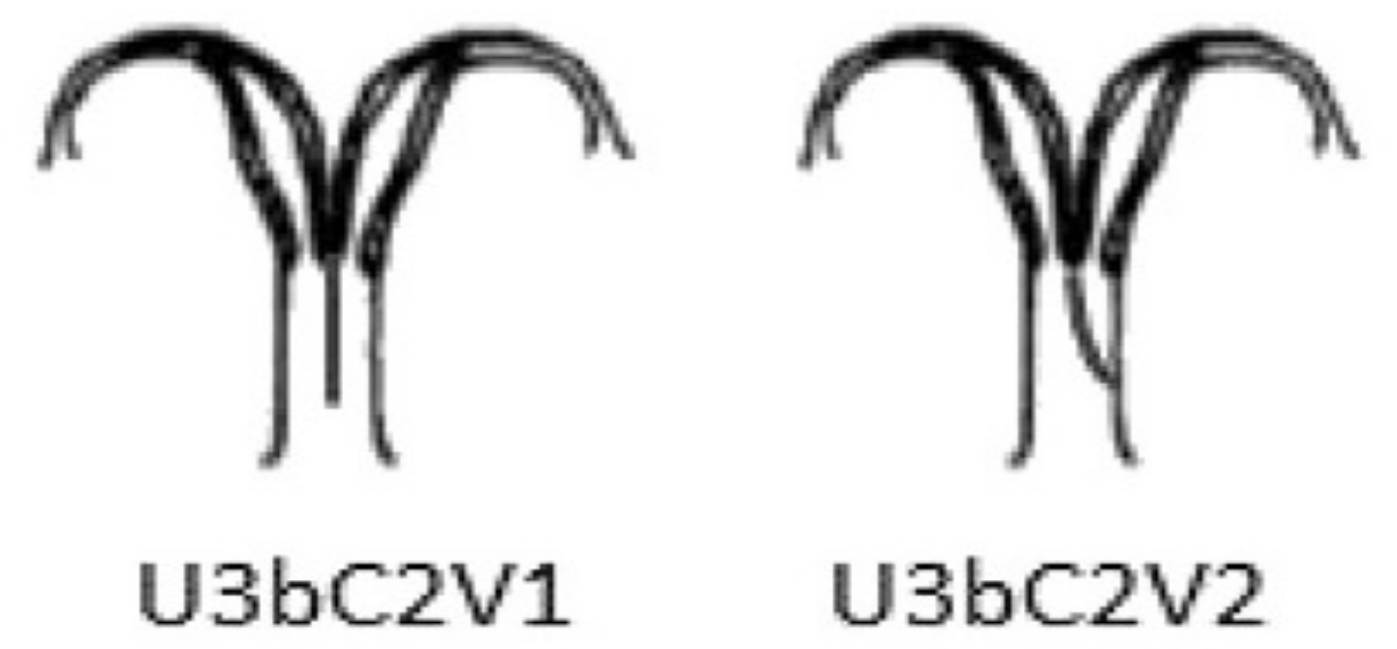


Figure 3: Classification of Mullerian duct anomalies according to American Fertility Society (Class 1-7) & ESHRE/ESGE (*Passos & Bittro 2020*).

Conclusion

Congenital uterine abnormalities could be diagnosed in different stages of a woman's life. Its diagnosis remains a challenge due to low prevalence, majority of patients remain asymptomatic and require high index of suspicion with appropriate examination skills. It is crucial to stablish an early diagnose of Congenital uterine abnormalities in order to reduce the risks associated with them. Multidisciplinary and individualized approach remain key elements for improving outcome for this cases.

References

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