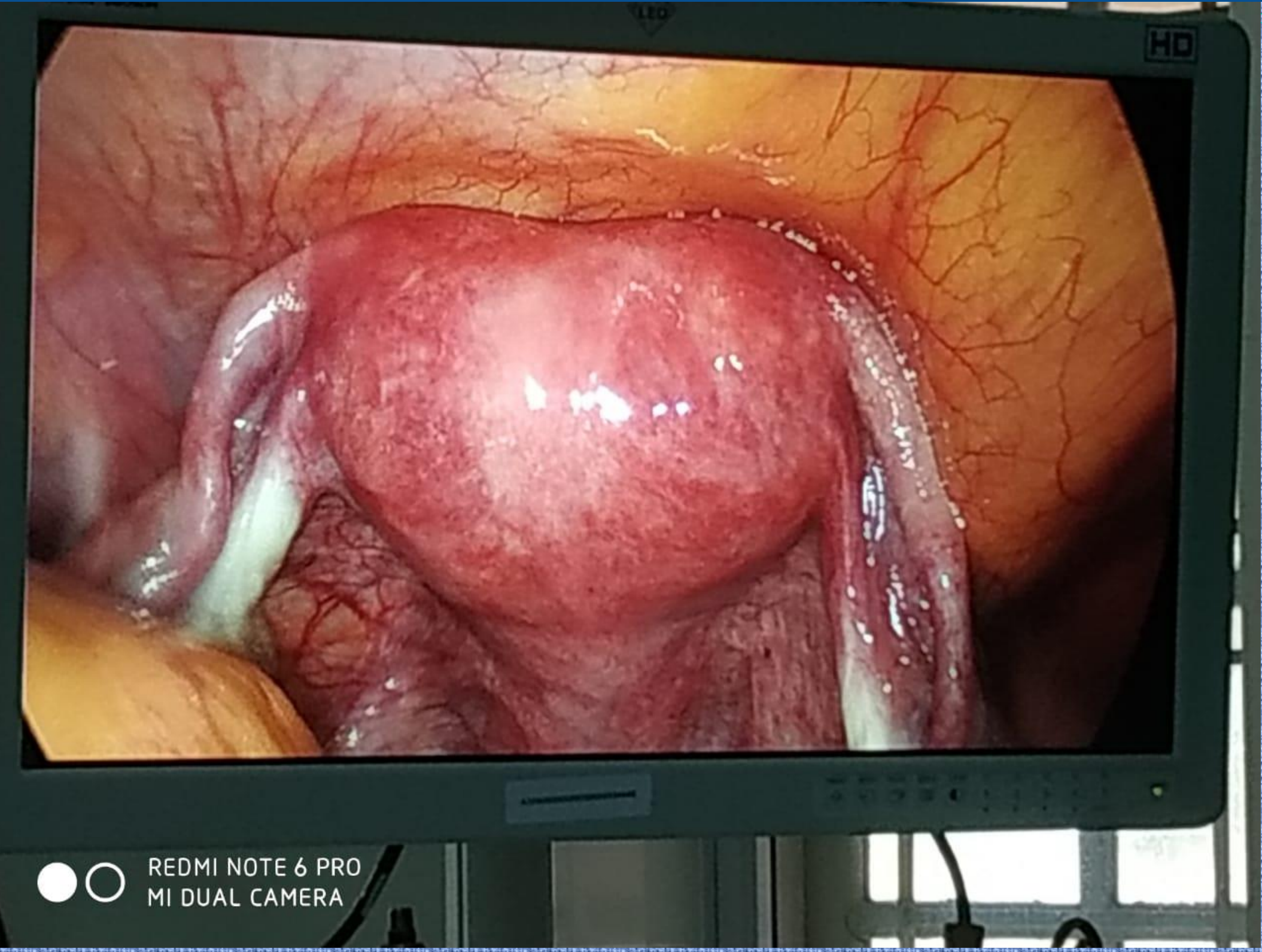


A RARE CASE OF COEXISTENCE OF BICORNUATE AND SEPTATE UTERUS.

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INTRODUCTION

Congenital uterine malformations are due to abnormalities in formation, fusion and resorption of Mullerian ducts in foetal life. Patients affected with this generally present with complaints of infertility, recurrent pregnancy loss, pre term labour, abnormal foetal presentation or just an incidental finding on pelvic ultrasound.[1]
The prevalence rate of uterine anomalies is **0.1 to 10%.**[2] **Diagnostic hysteroscopy** is considered gold standard in diagnosing and treating congenital uterine malformation. Most common congenital anomaly is **septate uterus**. Here we present to you an interesting case of **coexistence of septate uterus with bicornuate variety**.



Laparoscopy intraoperative picture showing indentation in the fundal area .

CASE REPORT

32years old female, presented to our OPD as a case of **primary infertility**, anxious to conceive since last 4 years, undergoing treatment since last 1 year. She had already undergone 3 cycles of ovulation induction with letrozole followed by folliculometry in a private clinic. She was a known case of **hypothyroidism** on tablet thyronorm 25mcg since last one year with no other significant medical or surgical high risk. Patient’s husband didn’t have a significant medical or surgical history, there was no history of impotence, premature ejaculation, dyspareunia. Husbands semen analysis was normal. On examination per abdomen was soft with no guarding, tenderness, rigidity. On per speculum examination a longitudinal vaginal septum was seen with two cervices and on per vaginum examination uterus was of normal size, soft firm mobile and bilateral fornices were free and non-tender.
Pelvic ultrasound showed **septate uterus with septum extending up to vagina**, MRI done confirmed the same finding. HSG could not be done due to difficult cannulation and was abandoned after two failed attempts. On USG KUB both kidneys were normal. AMH levels were also found to be low.
Patient was posted post menstrual for diagnostic hysteroscopy with chromopertubation with dilatation and curettage. Intraoperative on per speculum examination **longitudinal vaginal septum** was present. On hysteroscopy on right side through **the right cervix uterine cavity was seen but cornua could not be visualised and on left side uterine septum / uterine wall was present. On the left side small uterine cavity was seen, cornua could not be visualised and on the right-side septum/ uterine wall was seen. On laparoscopy normal sized uterus was seen with indentation in fundal area.** On chromopertubation **spill was noted only on left sided suggesting right sided tubal block**. Bilateral ovaries were normal. Post-operative patient was stable .Patient underwent **hysteroscopic septal resection** followed by intrauterine insemination following which she conceived and delivered a healthy baby.

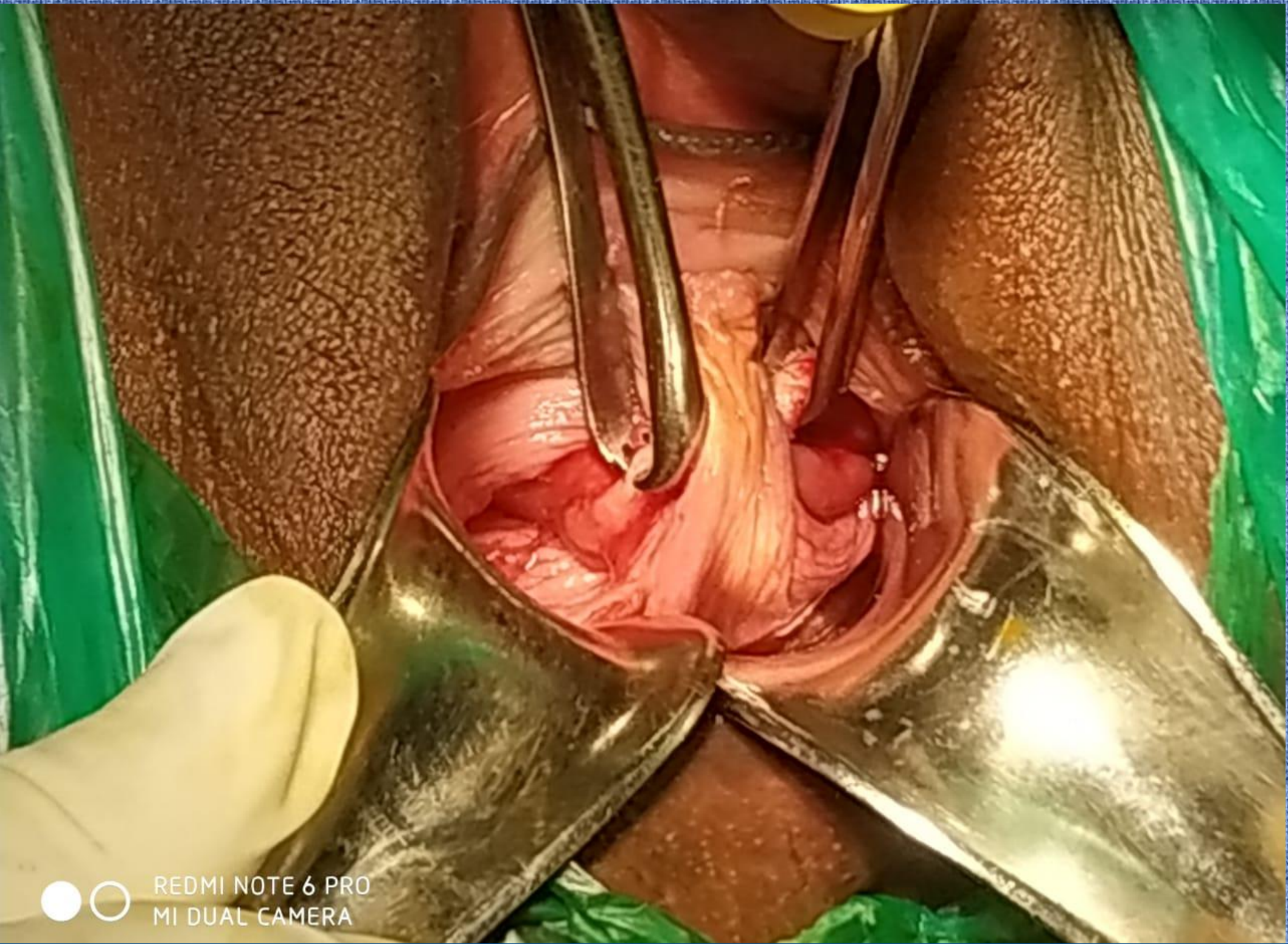
DISCUSSION

Early in development the paramesonephric duct fuse caudally while the uterine septum starts regressing in a unidirectional manner from lower part of uterocervical canal upwards. [3]
The **ESHRE/ESGE** classification has following characteristics – anatomy is the basis for systematic categorization of anomalies, deviation of uterine anatomy deriving from the same embryological origin are the basis for the design of the main classes , anatomical variations in main class and cervical and vaginal anomalies are classified as independent supplementary sub classes.[4] **Bicornuate uterus is caused by incomplete lateral fusion of Mullerian duct characterized by two separates but communicating endometrial cavity, external fundal depression of variable depth associated with septate variety, if present indicates co existing anomalies.**[5]

These result in **infertility and also recurrent pregnancy losses** as the less vascular septum does not allow proper placentation to occur.

CONCLUSION

It has been observed that there has been significant improvements in pregnancy and live birth rates and a significantly higher probability of conception and cycle fecundity among women with uterine malformation and otherwise unexplained infertility who underwent septal resection when compared to women with septate uterus without corrective surgery being done.



Per speculum examination showing two cervix separated by a longitudinal septum.

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