

A RARE CASE OF DIDELPHIC GRAVID UTERUS WITH TRIPLET PREGNANCY

Authors –

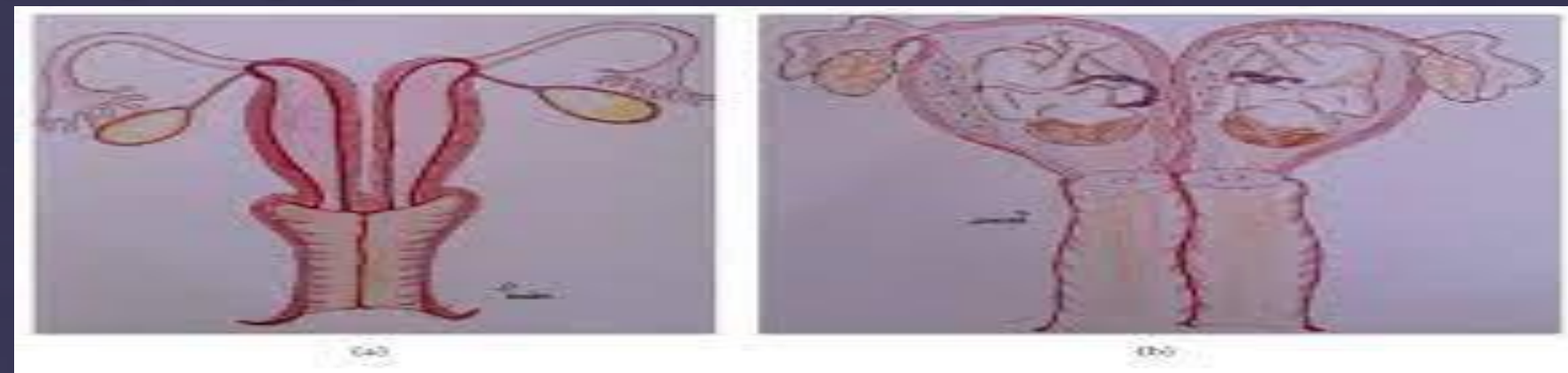
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Introduction

Urogenital differentiation in embryo is a complex process involving genetic , hormonal and environmental influence . Prevalence of mullerian anomalies is estimated as 0.1- 3 % Didelphic uterus (AFS – American Fertility Society – class 3) being least common 5-7 % . It is associated with 20.9 % miscarriage and 24.4 % preterm deliveries .

Case Report



24 years old primigravida previously diagnosed having didelphic uterus and double vagina , conceived after ovulation induction) presented at 13 weeks gestational age with triplets (2 fetuses(F1 and F2)in left uterus , one fetus (F3)in right uterus .Cervical cerclage was done at 13 weeks gestational age for both cervixes. At 25 weeks gestational age , one of triplets died . With due investigations and counselling , pregnancy was continued. At 28 weeks gestational age , one of live foetuses F2 (live fetus of left uterus) showed persistent bradycardia . Emergency caesarean of left uterus was done , a female child of weight 1.2 kg F2 was delivered and admitted in NICU. Right uterus was left undisturbed .After 8 days postoperative period , right uterine activity noted , managed conservatively with tocolytics till steroid coverage .Ultimately due to progressive uterine activity and fetal bradycardia at 29 weeks 3 days a male child of weight 1.3 kg F3 from right uterus was delivered by emergency caesarean section , shifted to NICU. Patient developed postoperative fever with progressive septic markers nonresponsive to antibiotics and supportive care. In view of obvious progress towards septic shock, hysterectomy needed to be performed . Out of triplets , F2 female child from left uterus could survive and mother discharged on day 10 post-hysterectomy and eventually baby F2 got discharged from NICU at weight 2 kg

Discussion

In view of rare occurrence and unusual presentation , plan of management needed navigation according to clinical signs and symptoms

Conclusions

In rare clinical scenarios , outcome of pregnancy is unpredictable, may be unfortunate sometimes, whereas preventing mortality remains the ultimate goal .

Keywords

Didelphys, Triplets , caesarean , hysterectomy , mortality