A successful pregnancy outcome after overcoming multiple risk factors

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Abstract

A uterine malformation is the result of an abnormal development of the Mullerian duct(s) during embryogenesis. The septate uterus is the most common one affecting 1% of all women. With correction by surgery and afterwards by cervical cerclage the presented patient has been able to give birth successfully. Cervical cerclage has been utilized for the cure of loss in second trimester pregnancy. The success rate is 80-90% with singleton pregnancy. This case was managed at a tertiary care hospital in Dhaka, Bangladesh.

Keywords: Septate uterus, Cervical cerclage, Cervical incompetence, mid trimester miscarriage, Shirodkar cerclage

Case report

A 36 year old, South Asian woman, after 15 years of efforts to conceive was finally blessed with a healthy baby. Her first pregnancy was spontaneous but unfortunately she suffered a mid-trimester miscarriage at 23weeks. The following year she was suspected as a case of bicornuate uterus. After laparoscopy it was confirmed as a septate uterus with bifid cervix (Fig 1).

Subsequently, she underwent hysteroscopic metroplasty. Two years later she became pregnant and cervical cerclage was inserted but had a spontaneous miscarriage at 21 weeks.

Fig 1: USG showing two cavities inside uterus

Fig 2:Hysteroscopic findings-pre and post surgery

For the second time hysteroscopic septoplasty and polypectomy was done thereafter. Few years of trying she became pregnant and at 14weeks of pregnancy Shirodhkar suture was inserted through transvaginal route . Oral Ritodrine was started as tocolytic and continued till delivery.

Apart from uterine anomalies she had Rh negative blood group but Coombs test report was negative. She was on Levothyroxin 150mcg for Hypothyroidism. During 2nd trimester she experienced few episodes of spotting and was prescribed on oral and injectable progesterone. Fortunately this time she could continue her pregnancy till third trimester. At 35weeks of pregnancy she was diagnosed as covid -19 positive with pneumonia and was treated with Remdicivir and symptomatic treatment. She was clinically stable with treatment and biophysical profile score of fetus was 8/8.CTG was reassuring. Finally at 37weeks of pregnancy cerclage was removed .She underwent elective LSCS under spinal anaesthesia and delivered a 2.5kg healthy baby girl with APGAR score of 8 and 9 at 1 and 5minutes. Her postpartum was uneventful.

Conclusion: Despite uterine anomalies and other risk factors a patient was able to become a mother. Cervical suture has been utilized extensively for the cure of pregnancies which are at great danger for preterm delivery.

Consent

Written consent was taken

Conflicts of Interest

None

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