



Congenital Uterine Anomalies – A Management Dilemma

Alex Dakin¹, Etaoin Kent¹

1. Rotunda Hospital, Dublin, Ireland

Objective

Efficacy of cervical surveillance and cervical cerclage in prevention of preterm birth in women with congenital uterine anomalies is unclear.

We reviewed the natural history of a cohort of cases of uterine anomalies attending a single tertiary referral centre, with the aim being to establish contemporary outcome data, and review their management.

Methods

A retrospective cohort study from 2017 to 2021 was conducted at a single tertiary centre. Ethics approval for this study was granted from the Rotunda Hospital Ethics Committee.

Data was analysed of patients attending the preterm birth surveillance clinic during the study period and those who had a uterine anomaly identified in their electronic chart. Women were separated into those who had a previous term delivery, previous preterm delivery and nulliparous women, and their delivery outcomes were compared.

Results

During the study period, over 40,000 pregnancies were delivered at our centre, and of these, 65 women had a uterine anomaly, with 89 pregnancies. 22.5% (20/89) had a previous preterm delivery, and 5.6% (5/89) had a previous mid-trimester loss.

There was a 31.5% miscarriage rate in our cohort (28/89). Of those that progressed past the first trimester (n=59), 3.4% (2/59) had a second trimester miscarriage, 27.1% (16/59) delivered prior to 37 weeks' gestation, and 69.5% (41/59) delivered at term.

Figure 1: Types of Uterine Anomalies

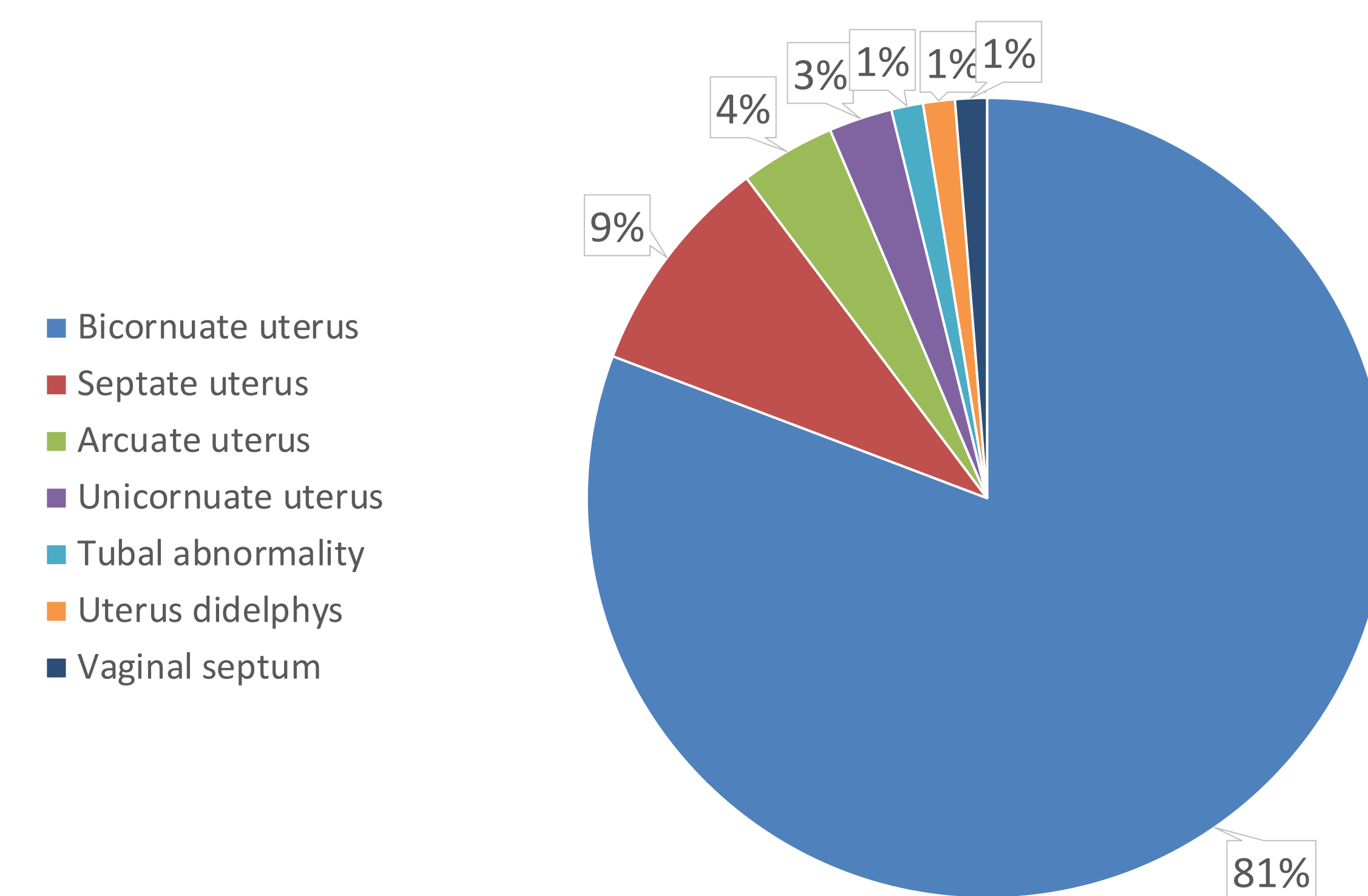


Table 1: Delivery Outcome Stratified by Previous Delivery Type

	Nulliparous	Previous Term Delivery	Previous Preterm Delivery
Total	51 (57.3%)	18 (20.2%)	20 (22.5%)
1 st trimester miscarriage	23 (45.1%)	3 (16.7%)	4 (20%)
2 nd trimester miscarriage	0 (0%)	0 (0%)	2 (10%)
Preterm delivery	7 (13.7%)	3 (16.7%)	6 (30%)
Term delivery	20 (39.2%)	10 (55.6%)	8 (40%)
Termination of pregnancy	0 (0%)	2 (11.1%)	0 (0%)
No delivery data	1 (2%)	0 (0%)	0 (0%)

Results

Table 1 stratifies the pregnancy outcome by previous delivery type. Three women underwent cerclage insertion; one was exam-indicated, and subsequently delivered at term, another was exam- and history-indicated and she delivered preterm, the last was history indicated, with a long cervix, and she delivered at 29 weeks' gestation.

14.6% of women (13/89) were commenced on progesterone, and 61.2% (8/13) of these delivered preterm. Figure 1 outlines the type of uterine abnormality, with bicornuate uterus the most prevalent. 42.3% of women in our cohort appropriately attended the preterm birth surveillance clinic.

Conclusions

There is a high rate of miscarriage & preterm delivery in this cohort, and further research is required to determine the best method of managing these high-risk patients.