



# Surprise! Incidental Findings of Septate Uterus with a Successful Fetal Outcome after an Emergency Cesarean Section

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## INTRODUCTION

Congenital Mullerian Duct anomalies are the most common reproductive tract anomaly with septate uterus (SU) being the most common. SU is associated with poor obstetric outcomes such as abortion, malpresentation, and preterm birth. These not only affect the current pregnancy and the mother, but have a significant consequence to the neonate through its adulthood, and to the family as well - emotionally, physically, and even financially. Currently, the approach to SU is still being debated upon. Some advocate surgical treatment for SU, while other Societies do not recommend surgery until further studies and case reports have been documented.

This paper aims to share with the medical community our real world experience on the obstetric prognosis of SU in a fertile woman with a successful neonatal outcome sans surgery. The author's goal is to add insight when it comes to the standard recommendation in the management of SU.

## CASE REPORT

This is a case of a 26 year old G1P0 37 4/7 weeks age of gestation who was admitted for emergency cesarean section for malpresentation. She has no known co morbidities and had an unremarkable prenatal course. Antenatal sonographic results did not show any evidence of congenital uterine anomaly. She delivered via cesarean section a live baby boy, 2790 grams, 38 weeks by Pediatric aging, appropriate for gestational age, footling breech in presentation, and and APGAR of 8,9. Intraoperatively, noted septate uterus with a right gravid cavity and with well formed lower uterine segment. The septum extends from the fundus to the lower uterine segment measuring 12 x 1 cm. The left uterine cavity contained decidual tissues. She was discharged on the 2<sup>nd</sup> post CS day without complications.



## DISCUSSION

Women with SU have decreased chances of having a normal pregnancy and a successful fetal outcome. SU is associated with poor obstetric history such as recurrent pregnancy loss, infertility, and preterm delivery. Current recommendations on the management of SU is still being discussed. The American Society of Reproductive Medicine recommends resection of SU, while The European Society of Human Reproduction and Embryology (ESHRE), The National Institute for Health and Care Excellence, & The Royal College of Obstetricians and Gynecologists do not recommend surgery until sufficient studies and case reports have demonstrated a significant and favorable effect. Recent studies show that there is no significant difference in the reproductive outcome of women with SU who did and did not undergo septum resection.

## CONCLUSION

Uterine septum resection for improving reproductive outcomes is widely offered yet still being studied and investigated. Recent trials show that septum resection does not lead to an improved obstetric outcome, which is aligned with the findings of this case report. More cases should be reported and more trials should be conducted as to the significance of uterine septum resection.

## REFERENCES

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