



TERMINATION OF PREGNANCY IN THE PRESENCE OF MULLERIAN DUCT ANOMALIES

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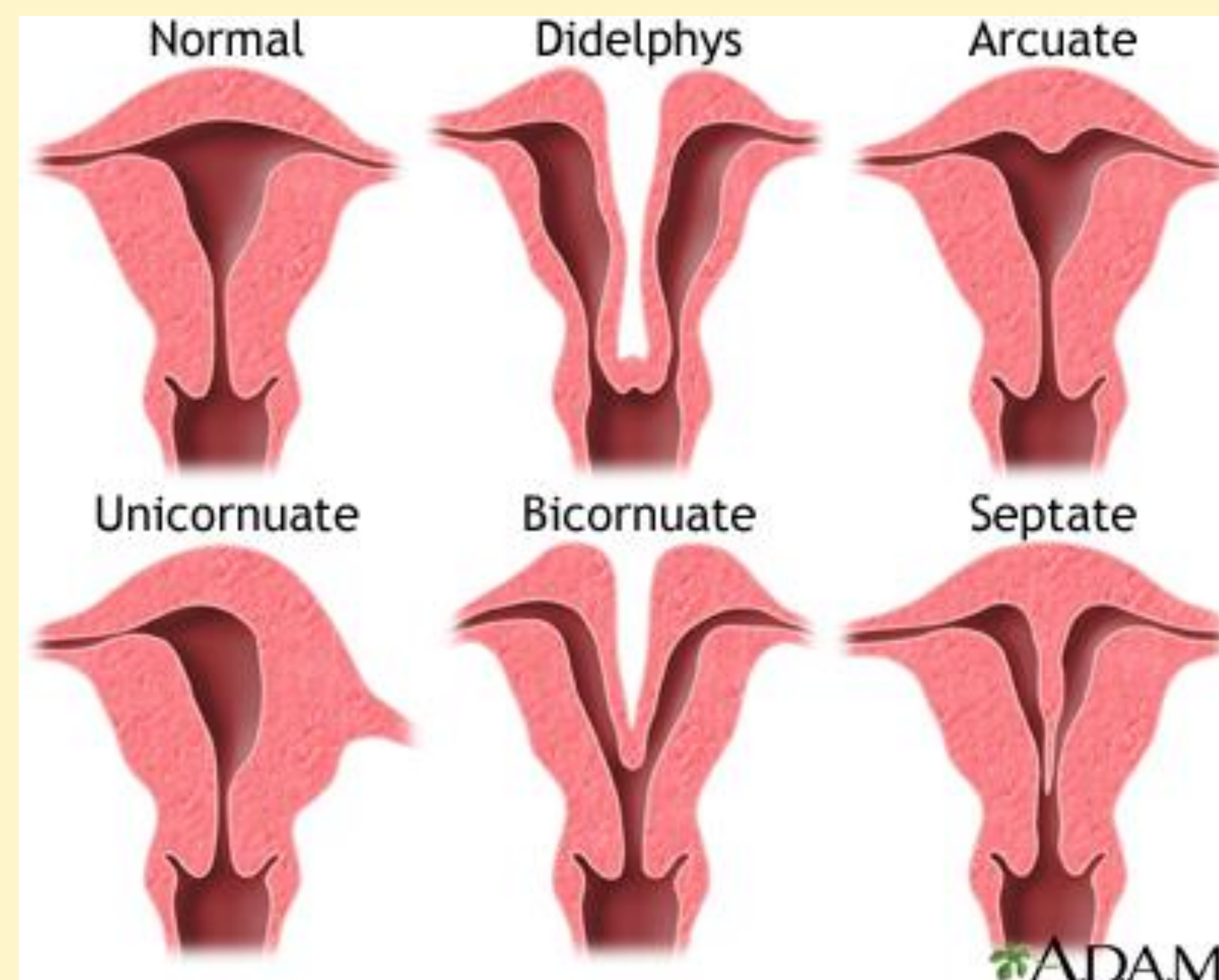
Objective

Surgical procedures requiring uterine instrumentation can be challenging in patients with mullerian duct anomalies (MDA). Suction curettage may be facilitated by concomitant use of hysteroscopy and ultrasound, as presented in our case.

Case Report

A 28-year old primigravida presented at 7+4 weeks gestational age requesting termination of pregnancy. The transvaginal ultrasound reported intrauterine pregnancy of corresponding size with no other findings. Four days later, she underwent suction curettage but only minimal curettings were obtained that contained no products of conception. Further investigation with repeat transvaginal ultrasound scan revealed a bicornuate uterus with the live fetus in one of the two cavities. A repeat procedure was performed, with hysteroscopy

for visualizing the septum, the two cavities and the passages leading to them, and suction curettage under transabdominal ultrasound guidance for ensuring the evacuation of the correct cavity. The uterus was evacuated effectively and safely under hysteroscopic and ultrasound guidance.



Discussion

The prevalence of all MDAs is as high as 5.5% with double cavities found in 0.1-0.6% of the general population. MDAs are associated with subfertility, endometriosis, miscarriages, and adverse obstetric outcomes. The diagnosis can be difficult and easily missed so vigilance is indicated when performing ultrasound scanning. Dilatation and curettage can easily fail when performed blindly, especially when the anatomic malformation is undiagnosed.

Conclusion

Ultrasound guidance and hysteroscopy can facilitate the instrumentation of both uterine cavities as shown in our case.