

A case with bicornuate uterus and solitary kidney with complete duplex system

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Patient

- 34 yrs
- Presented with a prolonged, heavy and painful periods
- Known to have solitary right kidney with a duplex system
- Family complete



Management

- MRI pelvis
- Referral to a urology
- Multidisciplinary team (MDT) meeting
- Commenced on Zoladex and Tibolone as HRT add-back therapy

MRI

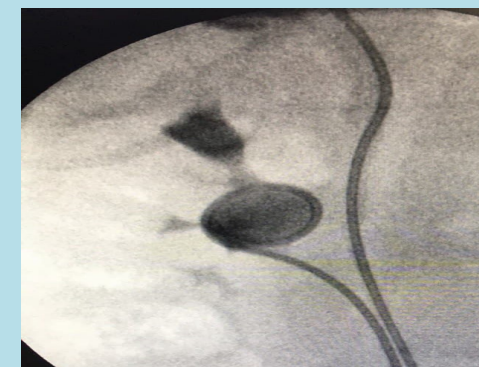
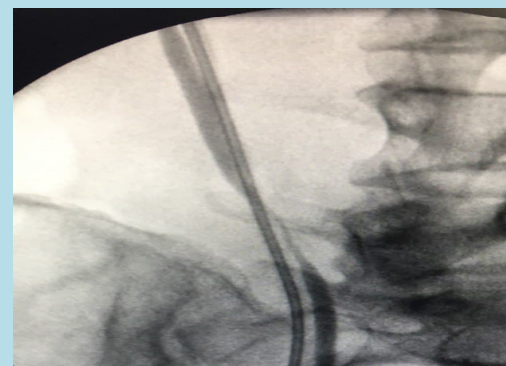
- Bicornuate uterus with 2 cervices
- Distended left side
- Adenomyosis
- Solitary right kidney with normal morphology
- Absent left kidney was confirmed

MDT

- The MDT decision was to offer a pelvic clearance with right ureteric stenting



Cystogram



conclusion

This case demonstrates how a case of both uterine and urological anomalies can be managed laparoscopically with a multidisciplinary approach