

Pregnancy In Uterus Bicornis Unicollis Misdiagnosed As Ectopic Pregnancy

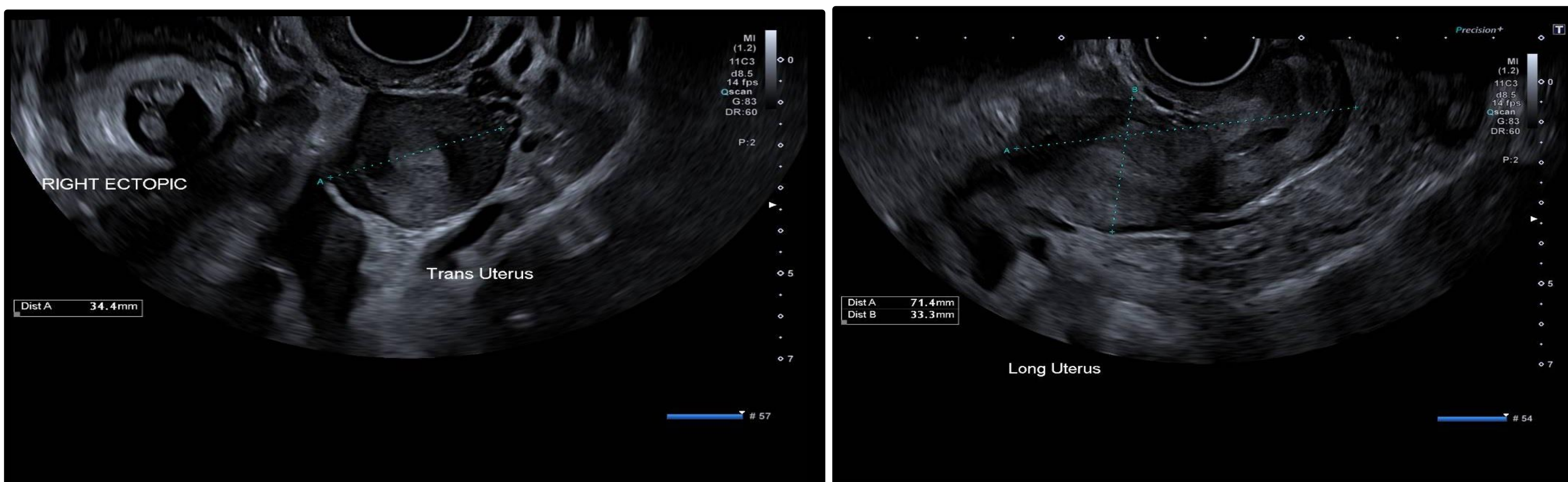
Case Report

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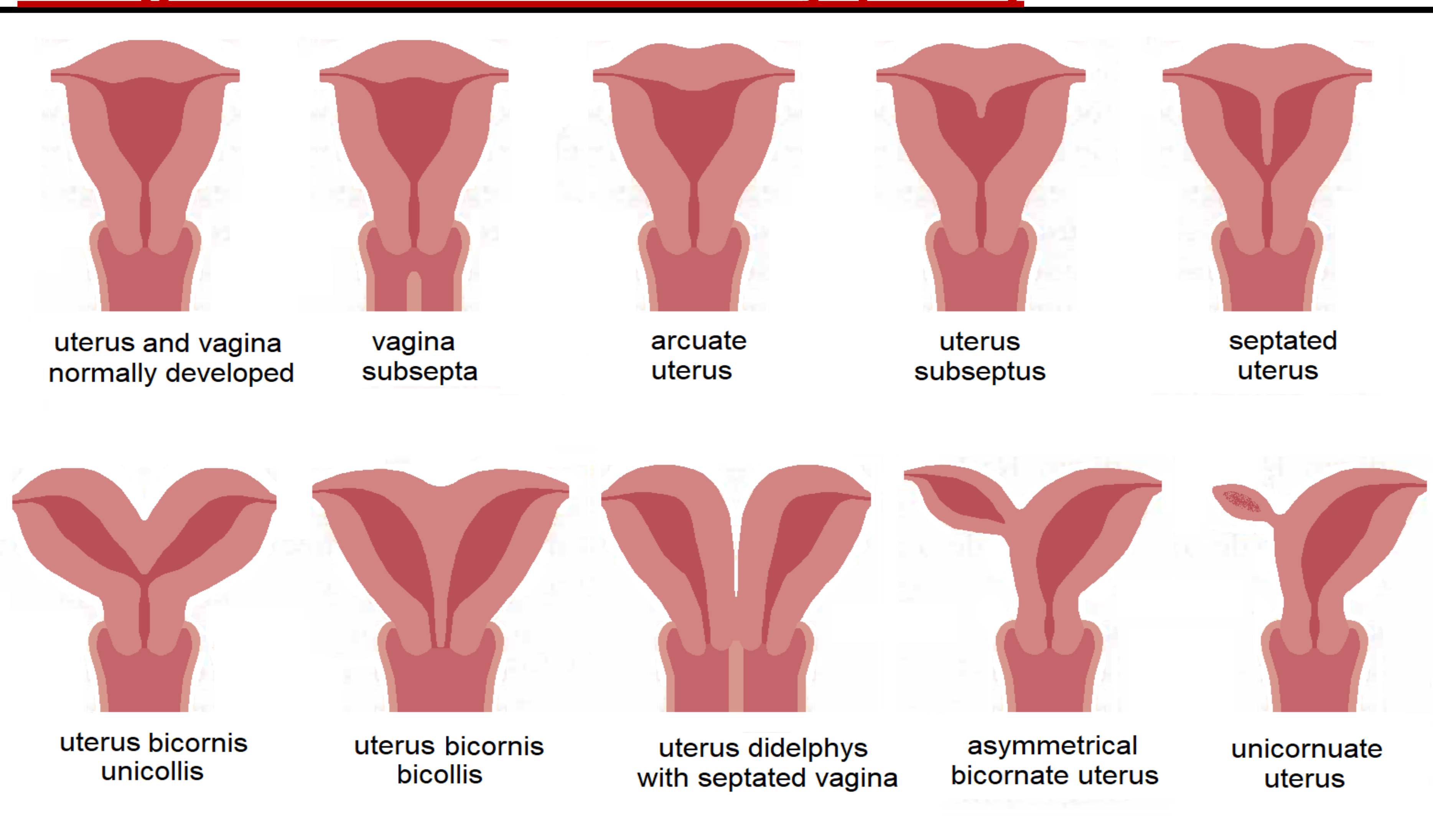
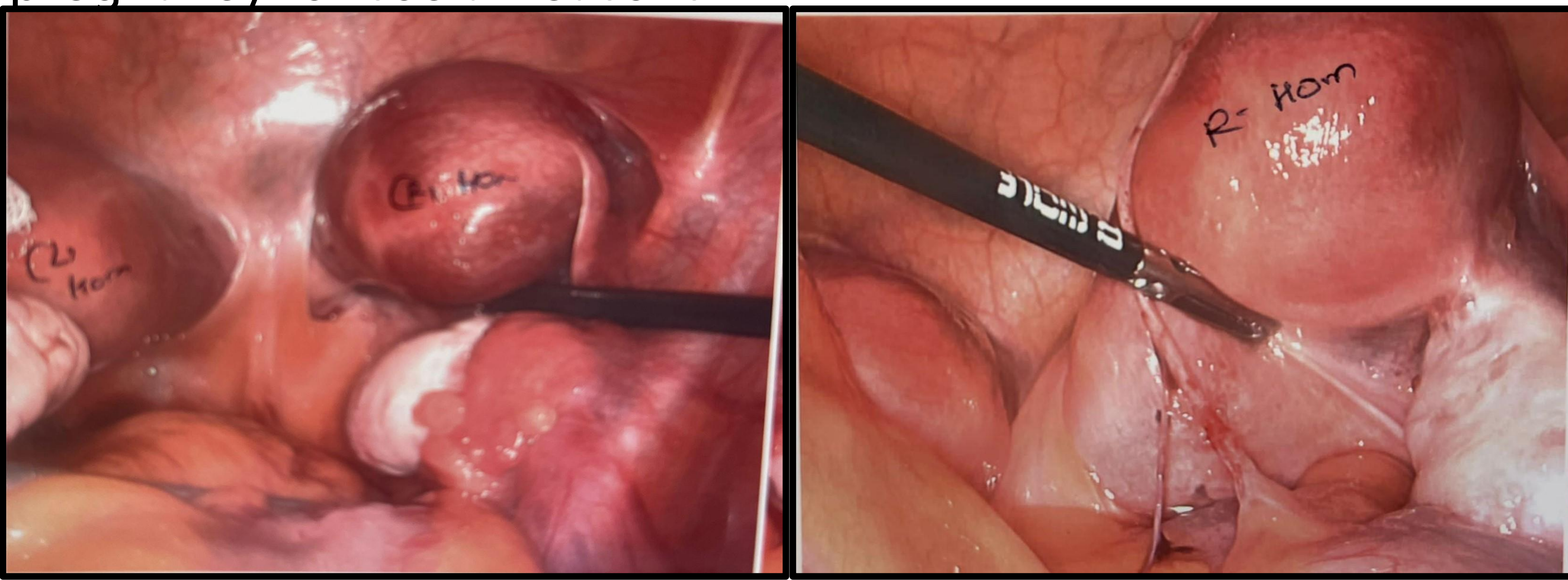
North Tees and Hartlepool
NHS Foundation Trust

Congenital uterine Anomaly (CUA)

A 32 years old lady G2 P0 at 6 weeks of pregnancy presented with vaginal bleeding. She had a previous medical termination. She suffered from anxiety but was otherwise fit and well with no previous surgery. Scan in the early pregnancy clinic showed a live ectopic pregnancy of 6 weeks gestation in the right adnexa with a normal anteverted uterus. We consented her for diagnostic laparoscopy and management of ectopic pregnancy.



Intraoperatively it was discovered there were two completely separate uterine horns and the live pregnancy present in right horn of the uterus. Both tubes and ovaries were normal. She had one cervix and normal vagina with no septum. There were no other abnormalities. Postoperatively patient was informed of the operative findings, however, she wanted termination of pregnancy for social reasons.



Diagnosis

While 2D pelvic TVS and HSG are good screening tests in low risk women, 3D pelvic ultrasound is recommended to diagnose and classify CUAs accurately for those with suspected screening tests or women who have had recurrent miscarriages. MRI or combined laparoscopy and hysteroscopy should be reserved for diagnosing complex CUAs.

Owing to the association between CUAs and renal tract abnormalities, clinicians should consider imaging the renal tract of women with CUAs.

Reproductive Implication

CUA, depending on the type and severity, are at increased risks of first or second trimester miscarriages, preterm labour, fetal malpresentation, fetal growth restriction and pre-eclampsia and stillbirth.

Management

The ultimate goal is to improve reproductive outcomes, increase live births at term, with an associated reduction in long term neonatal morbidity and mortality.

Currently, abdominal or laparoscopic metroplasty for fusion or unification defects is generally not advisable owing to its potential association with significant intraoperative and postoperative complications and lack of evidence to support improved reproductive outcomes.

Reflection

The ultrasound showed a normal, anteverted uterus with a thin endometrium and a pregnancy in the adnexa. This led to the diagnosis of ectopic pregnancy. As complete bicornuate uterus is a very rare occurrence the sonographer did not consider the possibility of an intrauterine pregnancy. This patient was subjected to an unnecessary intervention.



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References

1. Case notes of patient with her consent
2. Akhtar MA, Saravolos SH, Li TC, Jayaprakasan K, on behalf of the Royal College of Obstetricians and Gynaecologists. Reproductive Implications and Management of Congenital Uterine Anomalies. Scientific Impact Paper No. 62. BJOG 2020;127:e1–e13