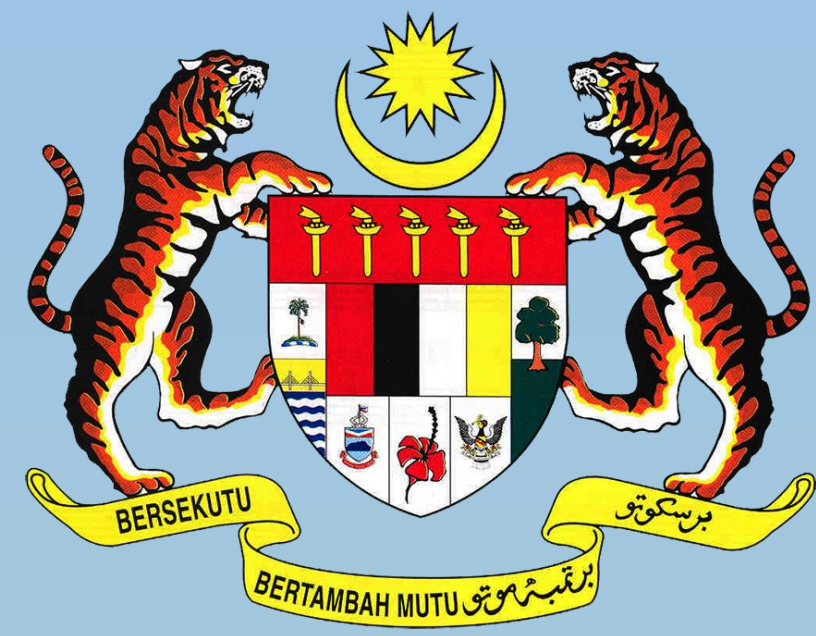




# Sonographic Dilemma in Bicornuate Uterus- Transabdominal or Transvaginal

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## Objective

Spontaneous twin pregnancy in bicornuate uterus is rare and estimated to be as low as 1 in 1,00,00,000. In a patient presenting with nausea and vomiting in early pregnancy, transabdominal sonographic detection of twin pregnancies are important for further management of these pregnancies. In our case, we present a case of bicornuate uterus with pregnancies in both horns conceived spontaneously.

## Case Report

A 34 year old G2P1 with spontaneous conception presented with nausea and vomiting for 1 week. She was amenorrhic for 7 weeks.

She gave a past history of caesarean section done for singleton with malpresentation at term with bicornuate uterus. During examination, the uterus was bulky. Speculum examination revealed no presence of any vaginal septum with a single cervix.

Initial transvaginal sonography revealed a single viable intrauterine pregnancy.

## Case Report

Transabdominal sonography was repeated and revealed two gestational sacs, one in each horn of bicornuate uterus. One sac was had a viable pregnancy where else the other sac was irregular and empty.

She was discharged with antiemetics and in order to safeguard the healthy pregnancy, we avoid a D&C and followed up the patient regularly.

She had no PV bleeding and was well in the subsequent visits. In her last review she was 26 weeks, we are unable to visualize the irregular sac within the Right horn and the viable fetus was corresponding to her gestation.



Pictures: TAS done at 7 weeks of Pregnancy

## Discussion

Association of pregnancy with congenital uterine abnormalities such as bicornuate uterus are low between 0.003% to 0.033%. Our case belongs to this rare category of pregnancies. In patients presenting with vomiting in early pregnancies, a sonographic evaluation is important to exclude multiple pregnancies.

A sonographic evaluation by transabdominal route would reveal a global view of the uterus and adnexa as compared to Transvaginal route. It is more likely to pick up a congenital abnormality via transabdominal sonography. Early ultrasound is a contributing factors in detecting abnormal uterus in pregnancies.

High incidence of spontaneous abortion in pregnancies with congenital abnormalities makes them high risk pregnancies. D&C should be avoided in order to protect the viable pregnancy.

## Conclusion

In view of high incidence of spontaneous miscarriage in congenital malformation of the uterus, these high risk pregnancies should be managed with caution.

However, almost 60% of the patients with anomalies have a successful subsequent pregnancy without surgery, with a cumulative live birthrate of 78.0%.

Transvaginal ultrasonography alone has risk of missing these anomalies. Based on our experience with this case, a Transabdominal Sonography gives a global view of the uterus. This helps clinicians to reveal congenital abnormalities as well as the presence of a second pregnancy.

It avoids unnecessary D&C and helps safeguard the viable pregnancy.

## Research ID

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