



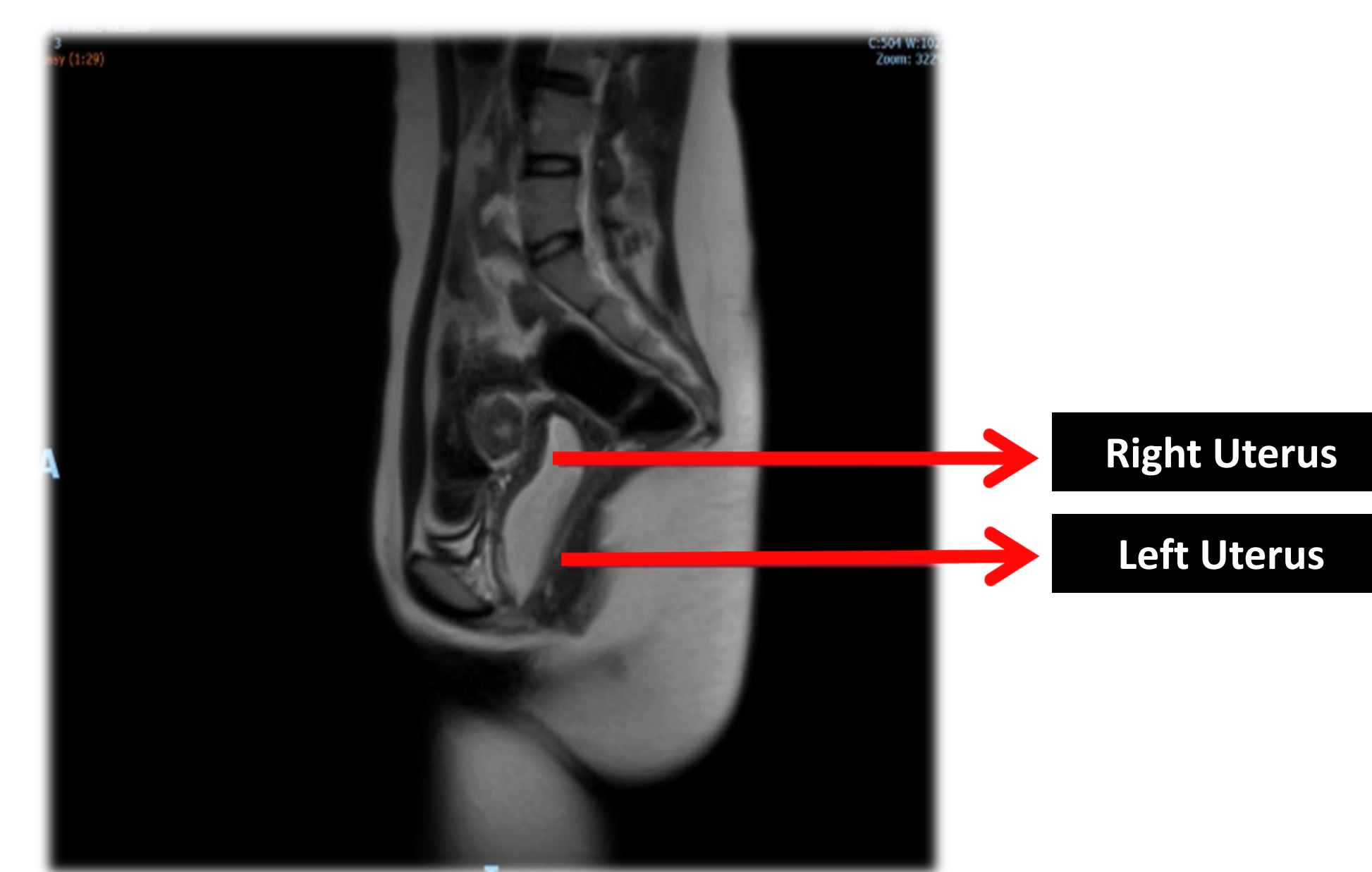
Uterine Didelphys with Two Separate Uterine Bodies, Separate Cervices, and Double Vagina with Large Hematocolpos on the Right Side

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INTRODUCTION

Uterine didelphys is a rare congenital anomaly, 5.5 5 prevalence overall, often discovered incidentally during investigations for menstrual or reproductive issues. This case emphasize the importance of advanced imaging techniques like 3D ultrasound and MRI for accurate diagnosis. CUAs with obstructive features, such as uterine didelphys and obstructed hemivagina, can cause chronic pelvic pain, hematometra, and hematocolpos, necessitating timely surgical intervention to alleviate symptoms. These anomalies are also associated with an increased risk of miscarriage, preterm birth, and fetal malpresentation.

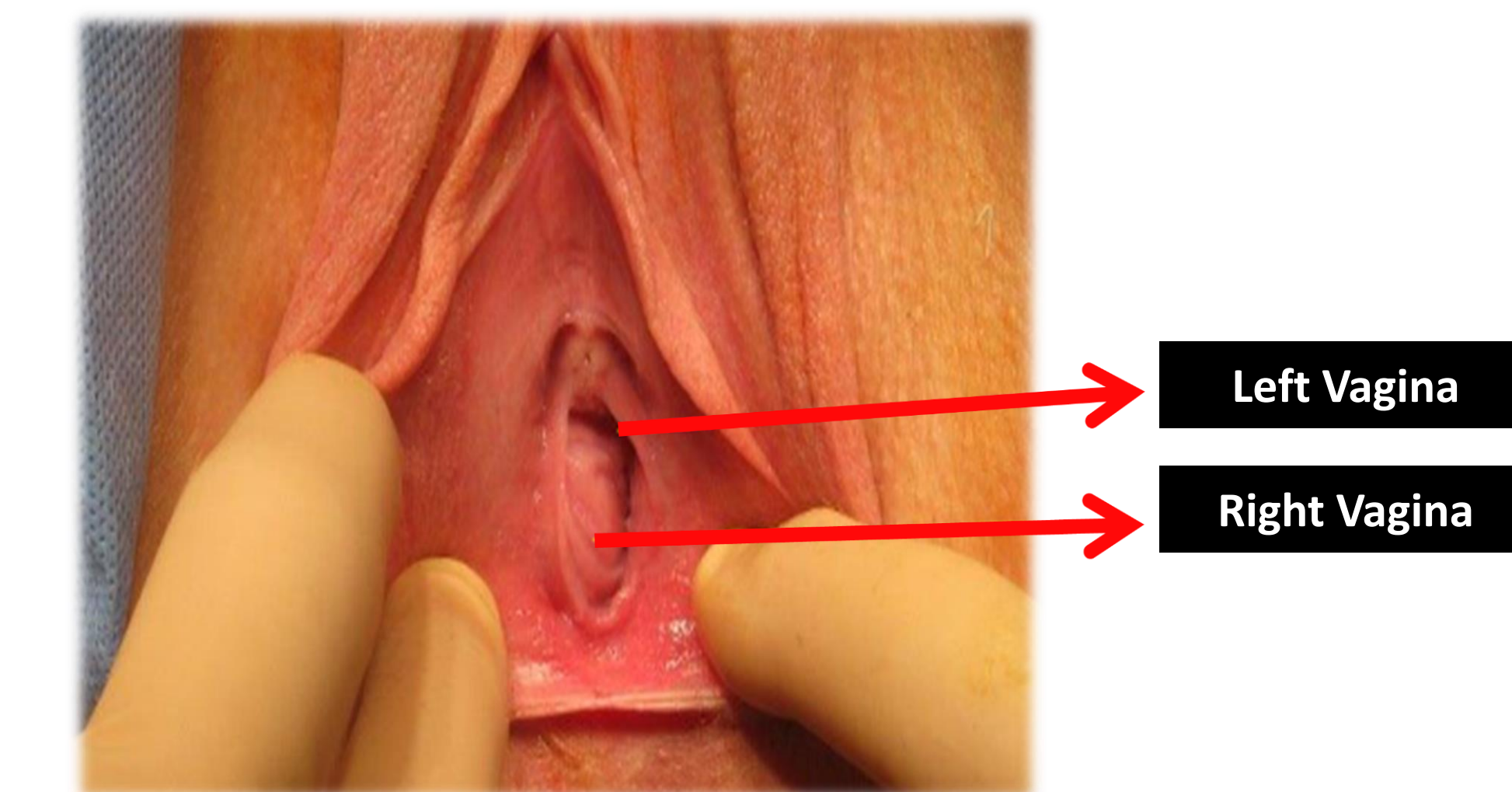


OBJECTIVES

This case outlines a rare presentation of uterine didelphys with obstructed hemivagina and hematocolpos in a 22-year-old nulliparous woman, highlighting the challenges in diagnosis and management of congenital uterine anomalies (CUAs)

CASE PRESENTATION

A 22-year-old woman with longstanding menorrhagia and dysmenorrhea was referred for foul-smelling vaginal discharge. An earlier ultrasound in 2015 had suggested a bicornuate uterus, but follow-up was missed. She also had a history of single kidney and difficulty with gynecological exams. Imaging confirmed uterine didelphys with duplicated cervix and an obstructed right hemivagina, leading to hematocolpos. Examination under anesthesia and hymenotomy in December 2023 drained 50 ml of pus-like fluid from the obstructed side. The right vaginal wall appeared less rugose. Follow-up hysteroscopy in March 2024 showed a narrow right vaginal canal; the left was normal. She was advised on gentle right vaginal dilation, dual cervical screening, and counseled on future pregnancy risks, including preterm birth and malpresentation.



CONCLUSION

This case highlights the need for early diagnosis and management of uterine anomalies in young women with chronic pelvic symptoms. Surgical interventions, such as hymenotomy, can alleviate obstructive symptoms and improve quality of life. Although uterine didelphys does not significantly impact fertility, it is associated with higher risks during pregnancy. Women with CUAs should be closely monitored during pregnancy, especially for preterm birth and fetal malpresentation. Further research is needed to assess the effectiveness of surgical treatments in improving reproductive outcomes.



REFERENCES

Akhtar MA, Saravelos SH, Li TC, Jayaprakasan K; on behalf of the RCOG. Reproductive implications and management of congenital uterine anomalies (2024 second edition). BJOG. 2025;132:e86–e97