



Hidden in Plain Sight: Incidental Discovery of a Unicornuate Uterus During Caesarean Section

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Introduction

Müllerian anomalies are rare congenital malformations of the female reproductive tract, arising from defects in the development, fusion, or resorption of the paired Müllerian ducts ^[1,2]. A unicornuate uterus (ASRM Class II) results from incomplete development of one duct and is frequently associated with ipsilateral renal anomalies due to their shared embryological origin^[1,2]. While many women remain asymptomatic, these anomalies can increase pregnancy-related risks, including miscarriage, preterm birth, malpresentation, and uterine rupture^[2,3,4]. Early diagnosis using 3D ultrasound or MRI is especially important in women with known renal abnormalities, allowing for tailored antenatal care and delivery planning ^[2,3,5] .

Objectives

To highlight the incidental discovery of a unicornuate uterus during a term caesarean section in a primigravida with congenital renal agenesis, and to discuss the clinical importance of recognising Müllerian anomalies and their reproductive implications.

Discussion

A unicornuate uterus is a rare congenital uterine anomaly (ASRM Class II) resulting from incomplete development of one Müllerian duct [1,2]. It is frequently associated with ipsilateral renal anomalies due to shared embryological origins [1,2].Although some women remain asymptomatic, pregnancies in a unicornuate uterus carry increased risks, including miscarriage, preterm birth, fetal malpresentation, intrauterine growth restriction, and uterine rupture [2,3,4]. Early diagnosis using 3D ultrasound or MRI is critical, especially in women with known renal anomalies, to guide management and reduce complications [2,3,5].In this case, the anomaly remained undiagnosed until caesarean section, yet the outcome was favourable. This highlights that while such pregnancies are considered high risk, good outcomes can still be achieved with appropriate monitoring and delivery planning.

Case Report

A 22-year-old primigravida, known to have congenital left renal agenesis, presented at 38 weeks’ gestation with signs of early labour. Her antenatal course was uneventful, and routine ultrasonography showed normal fetal growth. A maternal request elective caesarean section was performed. Intraoperatively, a unicornuate uterus was incidentally discovered — only the right uterine horn, right fallopian tube, and right ovary were present, while the left-sided structures were absent.



The procedure was completed successfully, resulting in the delivery of a healthy baby. The patient’s postoperative recovery was uncomplicated.

Conclusion

This case highlights the importance of recognising Müllerian anomalies, particularly in women with known renal malformations. Although a unicornuate uterus poses increased obstetric risks, favourable outcomes can be achieved with careful antenatal monitoring and an individualised management approach. Incidental intraoperative discovery reinforces the need for clinical awareness and the value of pre-pregnancy or early antenatal imaging to plan care and optimise maternal and neonatal outcomes.

Learning points

- ✔ A unicornuate uterus can remain undiagnosed until late pregnancy or delivery, especially in asymptomatic women.
- ✔ There is a well-established association between uterine anomalies and renal malformations due to shared embryological origins.
- ✔ While pregnancies in a unicornuate uterus carry increased risks, conservative management with close monitoring can lead to favourable maternal and neonatal outcomes.
- ✔ Individualised care and appropriate delivery planning are essential to minimise complications and optimise results.

References

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