

Title : *Impact of uterine anomaly and its surgery on future reproduction: a case report and review of literature*

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OBJECTIVES:

Congenital uterine anomalies (CUA) are common but their effect on reproductive outcome after surgery is unclear. The aim of the present case report is to review the literature and complement information on pregnancy outcomes after Hemi-hysterectomy contributing to a better counselling of women planning a pregnancy under these circumstances.

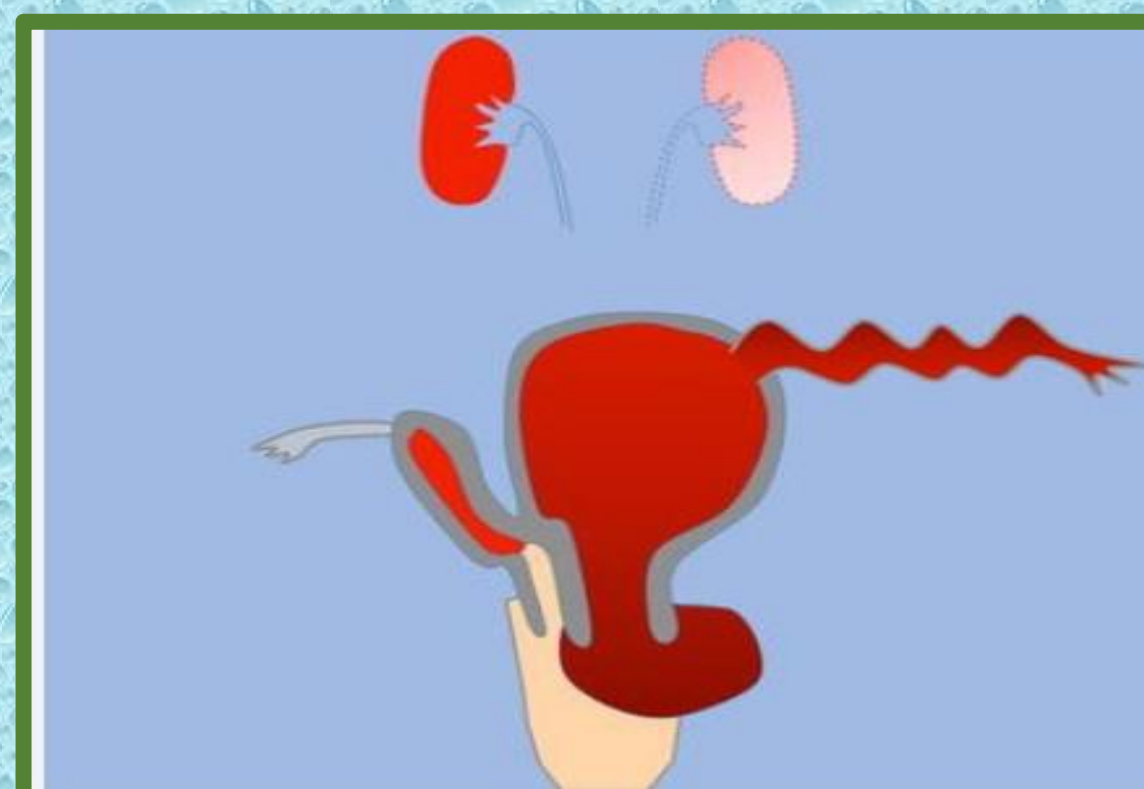
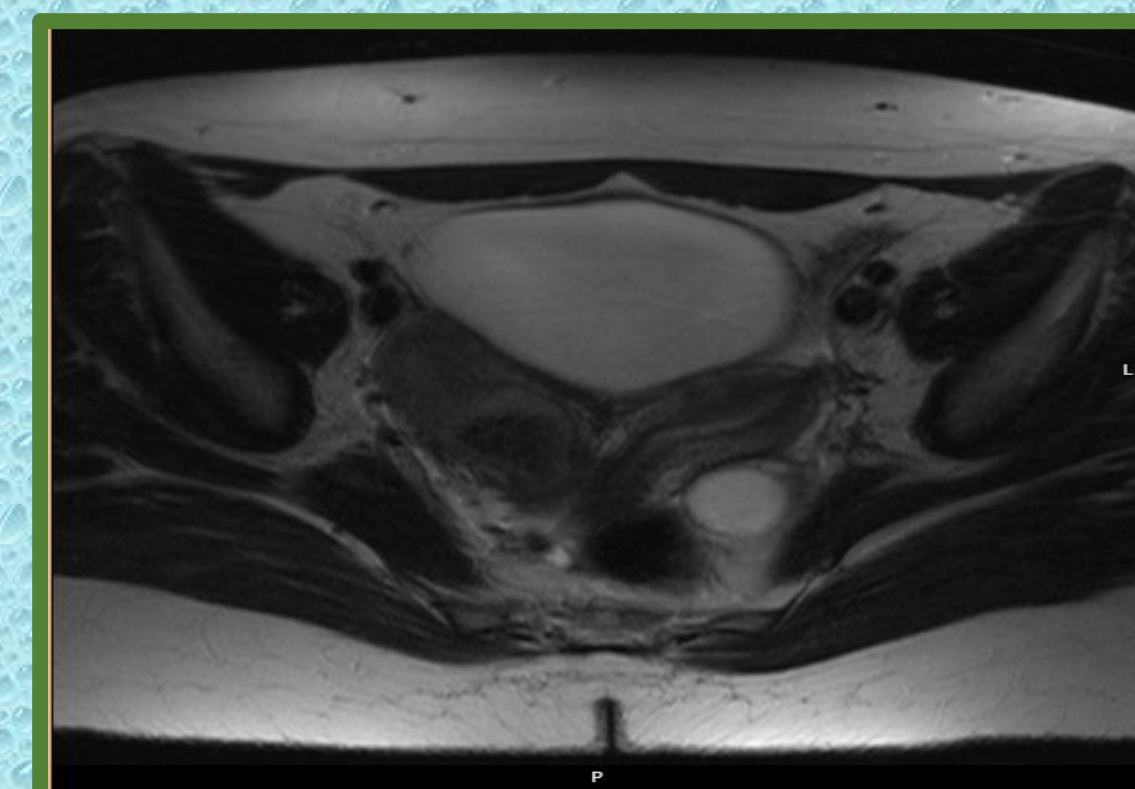
PRESENTATION OF CASE

A 22 years old women came with unprovoked pelvic pain and dyspareunia. She was nulliparous using depo-Injection for contraceptive. She was fit and well with no past surgical or gynaecological history. Abdomen and pelvic examination were unremarkable. Pelvic Sonogram at that time showed a diagnosis of Bicornuate versus didelphys uterus.

Pelvic MRI was requested to clarify the exact pelvic anatomy which showed abnormalities of Herlyn–Werner-Wunderlich syndrome syndrome (HWWS) i.e. uterus didelphys with obstructed hemivagina and right renal agenesis through MRI.

She was referred to Specialist centre wherein she underwent EUS + saline sonogram which confirmed Uterine didelphys with communication of right uterus to cervix of left, narrow opening causing obstruction and hematometra and right renal agenesis.

The patient underwent laparoscopic resection of partially right communicating uterine horn and right salphingectomy. Superficial endometriosis was seen in peritoneum of anterior andomen. The symptoms was improved after surgery and a spontaneous normal pregnancy was established 4 years after the surgery. The pregnancy was uneventful under consultant let care and preterm clinic surveillance. A baby girl was born as breech by elective caesarean section at 37w5d under steroid coverage.



DISCUSSION:

The goal of CUA management is to correct anatomical distortions associated with obstructive anomalies in order to relieve symptoms, thereby improving quality of life, and to avoid long-term health and reproductive adverse consequences. The pregnancies of these women are at an increased risk for unfavourable obstetric outcomes such as recurrent miscarriage, abnormal fetal presentation, postpartum haemorrhage, retained placenta, fetal mortality, fetal growth restriction, preterm labour, premature rupture of membranes and must be managed promptly.

CONCLUSION:

HWWS is an unusual anomaly with clinical significance and different options for surgical management. In this rare case we demonstrate the difficulty in diagnosis, heterogeneity in presentation, and need for expertise. Rarely, unilateral renal agenesis and endometriosis are reported in association with cases of didelphys uterus. MRI with capability of tissue differentiation is the gold standard for diagnostic. In our experience, we focused on the course and management of the pregnancy complicated of this disorder. The pregnancy we described was at high-risk due to the surgical treatment performed, however the obstetric outcome was positive thanks to a straight maternal-fetal follow-up.

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