

Live birth following laparoscopic oocyte retrieval in a woman with a uterus didelphys.

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INTRODUCTION

Laparoscopic oocyte retrieval (OCR) may be used in selected cases, for women where the usual transvaginal approach is not possible. We describe a case of a woman with a significant Müllerian duct abnormality who had a laparoscopic OCR.

CASE PRESENTATION

- 40 year old Para 0 woman wished to conceive using donor sperm assisted conception
- History of a bicorporeal uterus, two cervixes and longitudinal vaginal septum (U3c, C2, V1) ESHRE/ESGE classification, multiple fibroids and high ovaries, inaccessible via transvaginal approach
- The patient reduced her body mass index from 38 to 31 kg/m² pre-operatively.

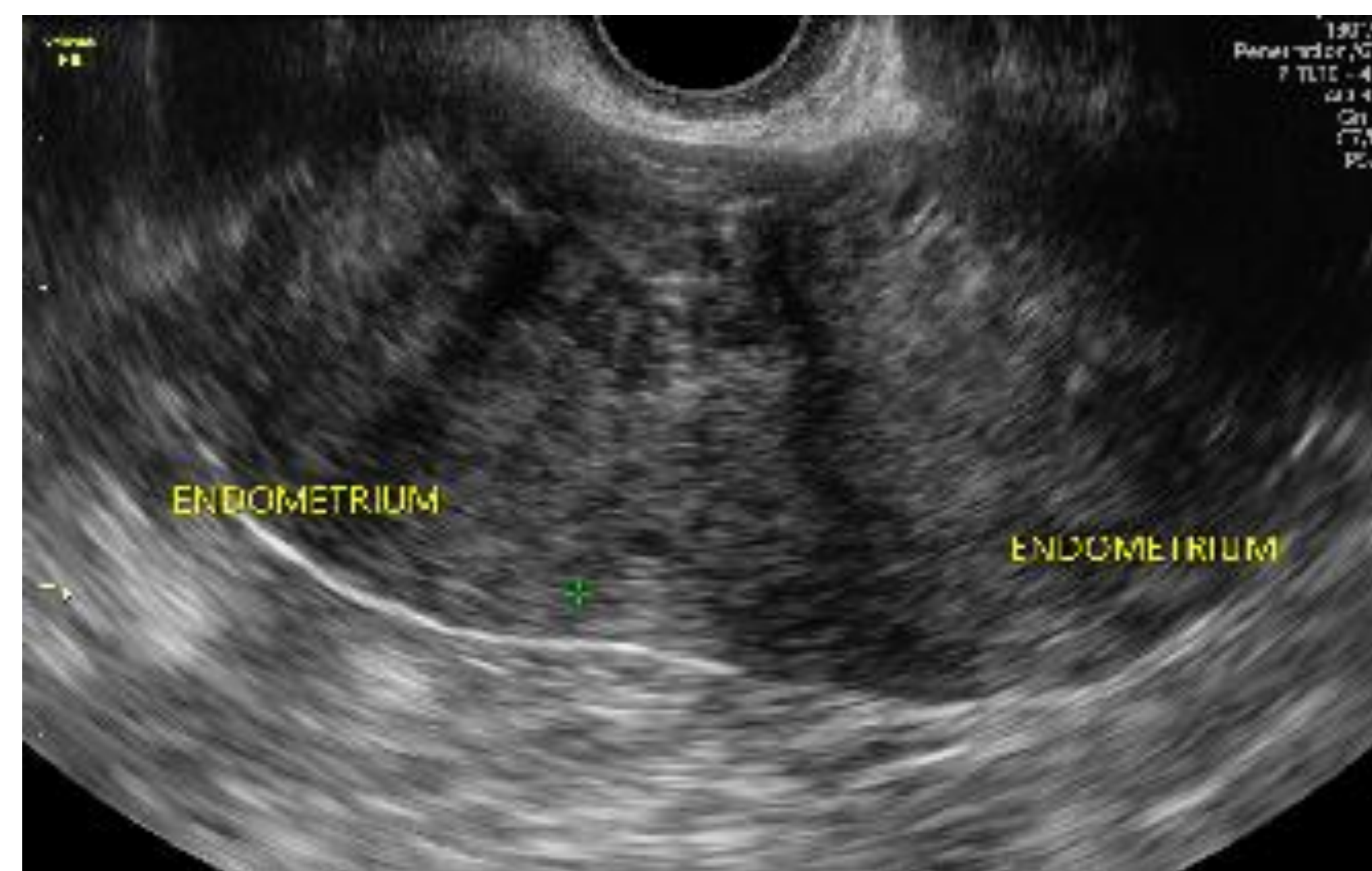


Fig 1. 2D ultrasound demonstrating two endometrial cavities in a bicorporeal uterus

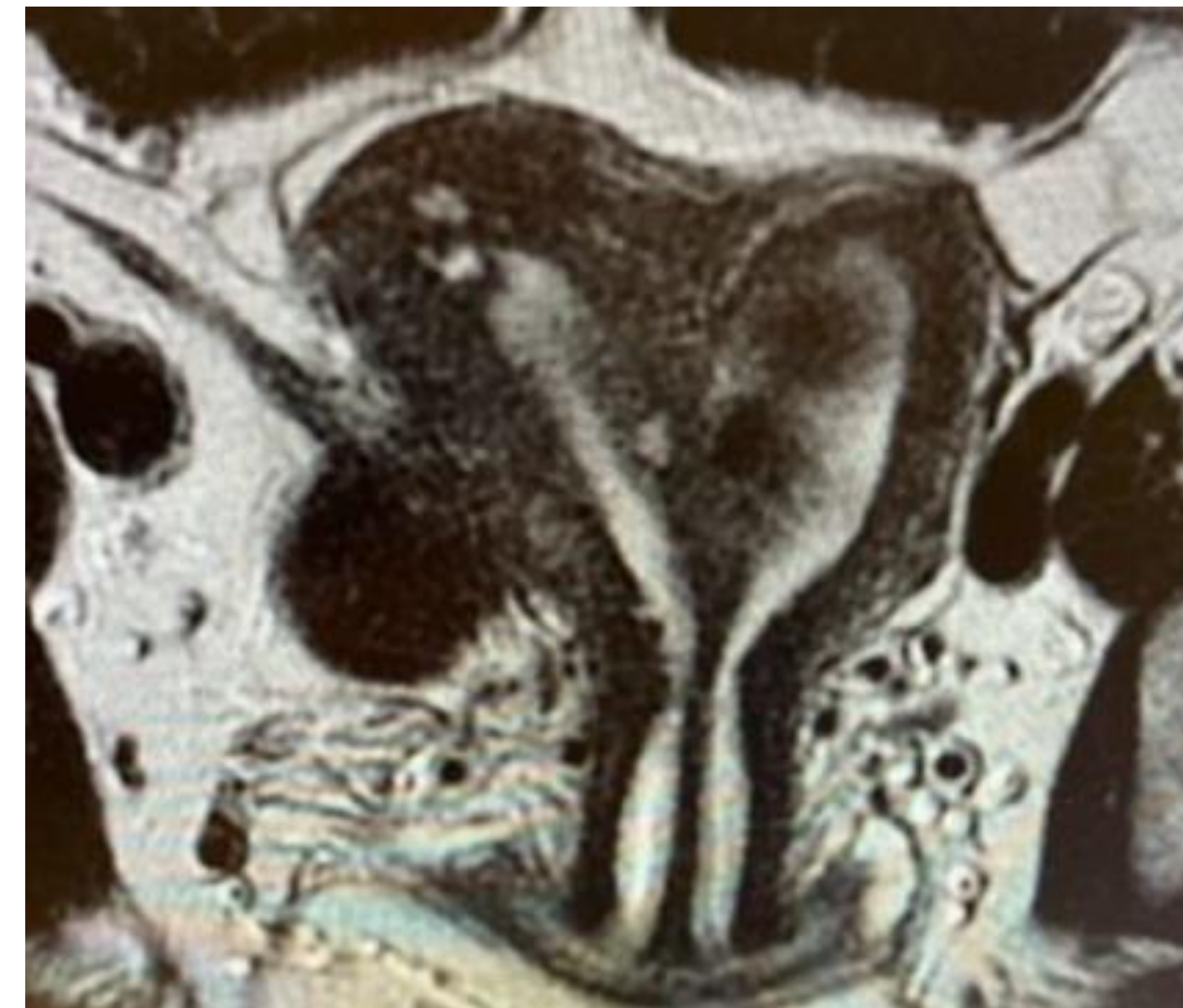


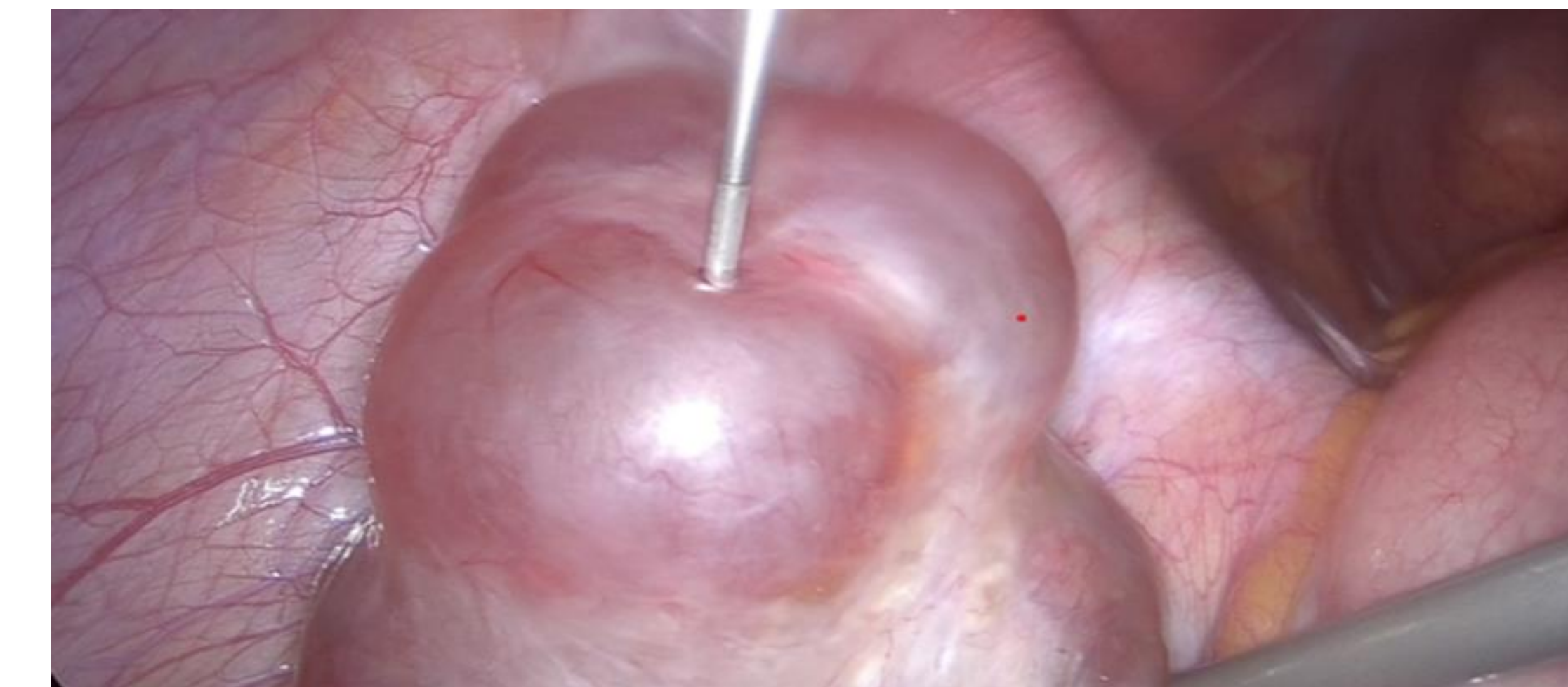
Fig 2. MRI pelvis showing U3c, C2, V1 anomaly

TREATMENT AND OUTCOME

- 11 days of controlled ovarian hyperstimulation with gonadotropins
- Uncomplicated laparoscopic oocyte retrieval
- 6 oocytes retrieved, 4 fertilized
- 4 embryos frozen
- Frozen embryo was performed of a single embryo
- Uncomplicated pregnancy
- Late preterm delivery by elective Caesarean Section at 36+4 weeks of a healthy baby boy
- 3 embryos remain in cryostorage for later use

DISCUSSION

This is a case of a successful outcome following laparoscopic egg retrieval in a woman with complex uterine and pelvic anatomy.



A



B

Fig 3. Laparoscopic images of the left ovary as the needle is inserted into the enlarged follicle (A) and following drainage (B)

ACKNOWLEDGEMENTS

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