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Successful Pregnancy in a Bicornuate Uterus – A Case Report

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Abstract
Mullerian anomalies have a prevalence of 7-8% in the general population. The importance of mullerian anomalies & its impact in obstetrics is widely studied. Here we present such a case of bicornuate uterus where pregnancy was carried till 37w and had a successful outcome.
Keywords: *Mullerian anomaly, Bicornuate uterus, Pregnancy.*

Introduction

While true prevalence of Mullerian duct anomalies is not well established, ultrasound examinations revealed that approximately one per 250 women reported uterine abnormalities.

Complete bicornuate uterus is a type of Mullerian duct deformity, resulting from abnormal lateral duct fusion. The incidence of bicornuate uterus is reported to be around 26% among the anomalies

Similar to other Mullerian anomalies, bicornuate uterus is associated with specific complications during possible pregnancies. While various studied have reported successful deliveries in a bicornuate uterus, it might be accompanied with various complications, ranging from preterm labor to more catastrophic outcomes such as uterine rupture.

Case Report

A 28y booked case, married x 6y G4P1L1A2 with POG- 37w 2d, prev CS, Excellent dates, Spontaneous conception

No known comorbidities. A positive blood group

She was detected to have uterine anomaly– bicornuate uterus from her 1st pregnancy which turned to be a missed abortion at 2.5months. She underwent prophylatic encerclage in her following 2 pregnancies with the later pregnancy a successful one.

In this pregnancy, she was detected to have the gestational sac in the right horn. Strict ANC was done. She underwent a cervical encerlage at 16 weeks. Progesterone support was given. Serial USS taken along with cervical length assessment & were normal.

She was scheduled for elective cesarean section for prev CS, BOH, Uterine anomaly- delivered out

a healthy boy, weighing 2.5g, cord once around the neck with 1-minute Apgar score of 9 & 5-minute Apgar score of 10.

IOF- The uterus was bicornuate, had 2 cavities with a septum in between. The right horn was the seat of the baby hence enlarged. Left horn was not enlarged. There were endometriotic deposits posteriorly. BL ovaries were of PCO nature

ESHRE Category– U3c C0 V0

BL tubal sterilization done

Cervical encerclage removed

Patient tolerated the surgery well. Postoperative period was uneventful

Both mother & baby well, discharged on POD 7

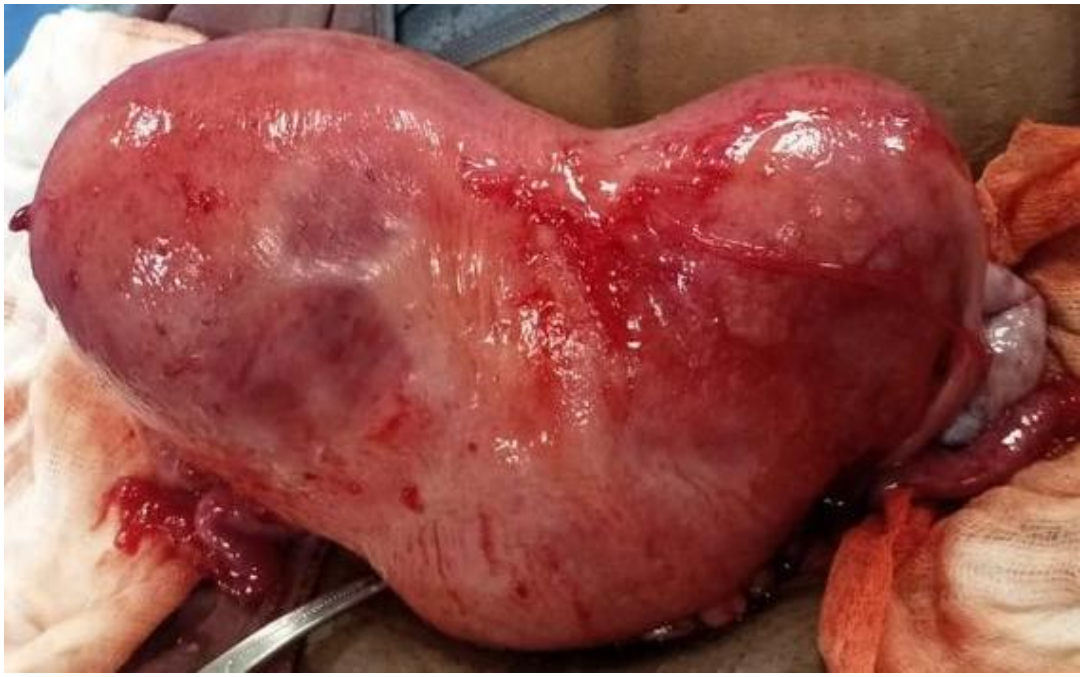

Fig 01

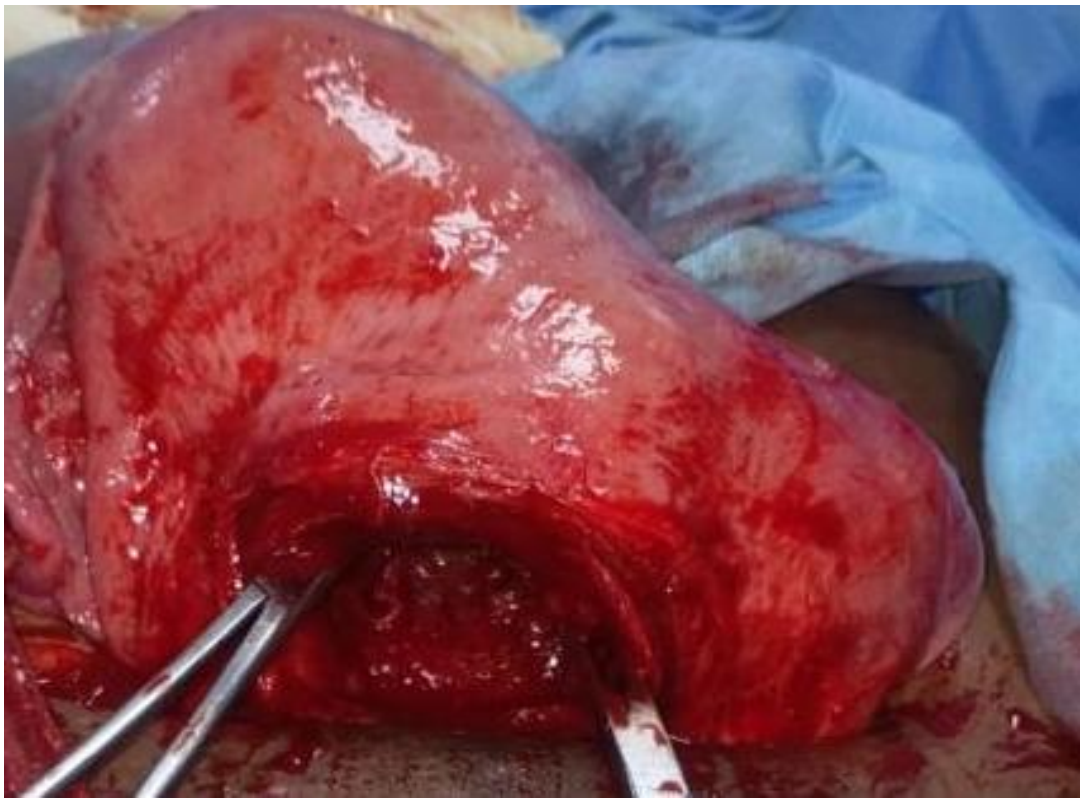

Fig 02

Discussion

Uterine abnormalities occur as a result of Mullerian or paramesonephric duct anomalies or disturbances at the time of fusion or development.

One of these abnormalities is identified as bicornuate uterus, caused by abnormal incomplete lateral fusion of ducts – having a fundal indentation >1cm. & angle between two endometrial cavities is 105 degrees. This condition might be diagnosed before or during pregnancy.

Women with uterine anomalies have poorer reproductive outcomes– 2nd trimester abortion and lower pregnancy rates compared with women who possess normal uterus. Uterine anomalies are associated with an increase in malpresentation, premature labour, IUGR, abnormal presentation with dystocia, and the necessity for caesarean section.

Bicornuate uterus does not lead to reduced fertility, but it may be associated with adverse pregnancy outcomes. Studies have shown that uterine rupture might occur during pregnancy because of a thin wall and inability of malformed uterus to expand as a normal one. It has been found that incidence of cervical incompetence is increased with bicornuate uterus, which justifies the need for a timely encerclage

Precise diagnosis requires diagnostic modalities like ultrasonography (USG), magnetic resonance imaging (MRI), hysterosalpingogram, hysteroscopy and laparoscopy. Early ultrasound is a contributing method for evaluation of the effects of abnormal uterus on pregnancy

Unification surgical procedures– metroplasty may be helpful to improve the obstetric performance in 60-85%.

Nevertheless, it seems necessary to raise the patients' awareness towards the possible outcomes of this condition by obstetricians. It is necessary to establish a prenatal diagnosis to ensure proper care and prevent complications.

Conclusion

Pregnancy in a bicornuate uterus deserves early diagnosis of the anomaly, and meticulous care in pregnancy and delivery to avert the associated adverse outcomes. Clinicians should have high index of suspicion of uterine anomaly to make early diagnosis of bicornuate uterus and preventing complications.

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