

An Unusual Case of Uterine Anomaly, Surgically Corrected with a Fruitful Pregnancy At Last

SUMITRA YADAV*, ANITA SINGH†, NIYATI JAIN‡

ABSTRACT

Fusion anomalies of uterus results in a variety of uterine shapes which cause increased incidence of miscarriage, poor fetal growth, malpresentation and abnormal placental adherence in such cases. Prevalence of uterine anomalies in general population is 7-8%. We are presenting a case report of a 20-year-old P₀ patient who presented with acute abdomen. Ultrasonography revealed a hemorrhagic cyst. On laparotomy, it was found to be unicornuate uterus with hematometra in the noncommunicating arm. She was subjected to surgical correction which led to a bicornuate uterus and thereafter she was conceive twice successfully.

Keywords: Fusion anomalies of uterus, unicornuate uterus, bicornuate uterus, hematometra, surgical correction

Fusion anomalies of the uterus results in a variety of uterine shapes which cause increased incidence of miscarriage, poor fetal growth, malpresentation and abnormal placental adherence in such cases.¹⁻³ Prevalence of uterine anomalies in general population is 7-8%. Now, because of better availability of diagnostic modalities like transvaginal sonography, hysterosalpingography and laparoscopy, better detection of such anomalies is possible.⁴ Reproductive outcomes can be improved with early diagnosis and proper surgical correction. We are reporting a case of unicornuate uterus with a noncommunicating horn which after surgical correction became a bicornuate and resulted in successful pregnancy outcome.

CASE REPORT

A 20-year-old married female was admitted with acute abdominal pain and vomiting for 1 day in MY Hospital, Indore on May 2008. As per patient, her menses lasted for 1 day only. Her ultrasonography (USG) showed a cyst of size 7.47 × 4.17 cm in right adnexal region with internal echo and absent right-sided kidney. Color

Doppler showed acute hemorrhage in right ovary. Emergency laparotomy was done. Intraoperatively, there was a globular swelling on left side, which was connected to uterus (Figs. 1 and 2). Uterus was small of about 4 × 3 cm with tubes and ovary on right side only. So, it was diagnosed to be a unicornuate uterus having noncommunicating horn with hematometra (Fig. 3). Hematometra was drained and the unicornuate uterus surgically corrected to a bicornuate uterus by modified Strassman's method. Her cervical os was pin-pointed and dilation was done. On follow-up, her menstrual history showed that her cycles now lasted for 5-6 days with good flow as compared to previous scanty menses. Hysterosalpingography showed bicornuate uterus with 2 separate cavities. Cervix was common and seen in continuation of right horn with patent fallopian tube.



Figure 1. Globular swelling on left side.

*Associate Professor

†Senior Resident

‡3rd Year PG Student

MY Hospital and MGM Medical College, Indore, Madhya Pradesh

Address for correspondence

Dr Sumitra Yadav

30, Nayapura, Aerodrome Road, Indore, Madhya Pradesh · 452 005

E-mail: drsumitrayadav@yahoo.co.in



Figure 2. Globular swelling connecting to uterus.

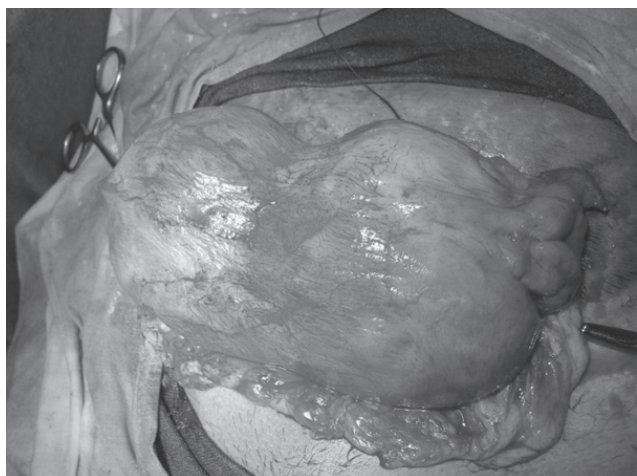


Figure 3. Unicornuate uterus having noncommunicating horn.

Outcome

She conceived after 1½ years and her last menstrual period was 20th October 2009 with expected delivery date 27th July 2010. She was admitted at 32 weeks with complaint of backache. She was kept on tocolytics and given decadron. After 1 month of ward admission, she had pain in lower abdomen and persistent tachycardia. She finally landed up in emergency lower segment cesarean section (LSCS) on 20th June 2010. A female baby of 1.5 kg with maturity around 35 weeks was

delivered. She conceived second time after 1 year and a male baby of 2.26 kg with maturity of around 36 weeks was delivered through emergency LSCS and this time tubectomy was also done.

DISCUSSION

Developmental failure of one mullerian duct while the other develops normally results in unicornuate uterus⁵ and accounts for approximately 20% of mullerian duct anomalies. A unicornuate uterus may be isolated, manifested in 35% patients, although it is usually associated with variable degree of a rudimentary horn. A rudimentary horn without endometrium is seen in 33% of cases and that with endometrium is seen in 32%. A rudimentary horn is designated communicating if there is communication with the endometrium of contralateral horn (10%) and noncommunicating, if there is no such communication (22%).

CONCLUSION

Various studies show that it is better to remove rudimentary horn with hematometra.⁶ In this case report, an experimental surgery has been done in which rudimentary horn with hematometra after drainage was joined with a small uterus that resulted in a fruitful pregnancy.

REFERENCES

1. Propst AM, Hill JA 3rd. Anatomic factors associated with recurrent pregnancy loss. *Semin Reprod Med.* 2000;18(4):341-50.
2. Patton PE, Novy MJ. Reproductive potential of the anomalous uterus. *Semin Reprod Endocrinol.* 1988;6: 217-33.
3. Heinonen PK. Unicornuate uterus and rudimentary horn. *Fertil Steril.* 1997;68(2):224-30.
4. Carrington BM, Hricak H, Nuruddin RN, Secaf E, Laros RK Jr, Hill EC. Müllerian duct anomalies: MR imaging evaluation. *Radiology.* 1990;176(3):715-20.
5. Buttram VC Jr, Gibbons WE. Müllerian anomalies: a proposed classification. (An analysis of 144 cases). *Fertil Steril.* 1979;32(1):40-6.
6. Rock John A, Jones Howard W III. *TeLinde's Operative Gynaecology.* 10th Edition, 575 (Andrews and Johnes).

■ ■ ■ ■