A RARE CASE OF UTERUS DIDELPHYS WITH VAGINAL DELIVERY IN ONE HORN AND CAESERAEN SECTION IN OTHER HORN

Keywords - Uterus Didelphys, Mullerian Ducts, Twin pregnancy

Abstract
Uterus didelphys, also known as a duplicated uterus, is an embryological abnormality resulting from complete failure of fusion of the Mullein ducts.
We present the case of a young woman who had uterus didelphys with 8 months pregnancy, one in each horn. She was an unbooked case and the diagnosis of uterine didelphys was made on admission. On admission abdomen was abnormally distended with a central space, cervix was fully dilated and vertex was at +1 station .First baby delivered
vaginally immaediately whereas the second baby was delivered by caesearean section due to confusion in the diagnosis as well as non- progress of labour. Patient was shifted to OT where on laprotomy a confirmed diagnosis of uterus didelphys was made.

Introduction

Uterus didelphys, also known as a duplicated uterus, is an embryological abnormality that results from the failure of fusion of the Mullein ducts, causing abnormal uterine development. The occurrence of uterus didelphys is very rare in the general population and often predisposes women to a variety of gynecological problems. It can result in obstetrical complications, such as spontaneous abortion,preterm labour, cervical incompetence, and malpresentation. Uterus Didelphys is associated with developmental urinary tract abnormalities .Pregnancy in a uterus didelphys is an uncommon occurrence with about 400 cases published.The incidence varies from 1 in 1,500 to 1 in1,42,000 pregnancies worldwide. The reported incidence of twins in patients with uterus didelphys is 1 in 12 as opposed to the overall incidence of 1 in 80.

Case report

24 yrs old unregistered SECOND gravida with history of eight months amenorrhoea, reported to emergency with complaint of labour pain with a diagnosis of twin pregnancy. She had regular menstrual periods with no significant past or family history. Her vital parameters were normal. Her previous delivery was through vaginal route at around 30 weeks gestation as per the patient due to preterm labour pains , her baby was being preterm was kept in nursery for 7 days and is 5 years old now with no medical problems . On per abdomen examination, uterus was 34 weeks GA .Uterine contour at fundus suggested the presence of bicornuate uterus. Multiple fetal parts were felt. Both babies were in cephalic presentation with normal fetal heart rate. Patient had only one Obstetric ultrasonograph report which revealed twin pregnancy with 24wks 2days gestation dating back to 10 weeks before _, in cephalic presentation with normal cardiac activity. Amniotic fluid index was 11cms. Placenta was diamniotic and dichorionic and was situated at the fundus. Uterine anomaly could not be detected at that time.Patient presented to us in emergency hours with labour pain. On admission abdomen was abnormally distended with a central space, cervix was fully dilated and vertex was at +1 station .Patient was immediately shifted to labor room and a preterm baby was delivered just 5 minutes after admission. The baby cried spontaneously immediately after birth and the Apgar score was 7, 9 . Lie of the second baby was noted and ARM was done but cervical dilatation was just 5 cm , when something else apart

from this could be felt on the right side , consistency and shape as of cervix, on the basis of P/A examination a provisional diagnosis of uterus didelphys was made . However , only single vaginal outlet was found . Labour was accelerated but there was no progress even after 2 hrs and the FHR patterns became non — reassuring so emergency LSCS was decided and patient was shifted to OT where on laprotomy a confirmed diagnosis of uterus didelphys was made On opening the abdomen, two completely separate horns of uterus were seen with one tube and ovary attached to each hom. The 2nd twin baby with cephalic presentation was in left horn : baby was delivered from the left horn by incision on lower segment. The baby did not cry spontaneously , However there was a delayed cry after 1 minute and the baby was shifted to nursery and on 4" day baby was discharged .Patient had uneventful post operative period. Both mother and babies were discharged 7 days later.Post —opeartive MRI was done 6 weeks later which confirmed the diagnosis of uterus didelphys with two cervixes and one vagina.

Discussion

Congenital defects of the reproductive tract are often associated with great liability for premature labour, abnormal presentations with dystocia, and the increased necessity for cesarean section.Multiple pregnancies are always regarded as high-risk pregnancies. Neonatal complications in twins include low Apgar scores, small-for-date infants, hyaline membrane disease, and an increased incidence of mortality and morbidity as compared to singleton. The recent trend for the mode of delivery of multiple fetuses has been cesarean section than in the past. Twin pregnancy in each horns of a uterus didelphys is a very rare phenomenon, and women who have such pregnancies belong to a high risk category. These women deserve meticulous prenatal care. Although pregnancy period may remain uneventtul, it is possible that the uterine anomalies produce a considerably lower percentage of viable babies. The pregnancy in a functional hemi uterus has a better prognosis with regard to the fetal survival rate than a pregnancy in a uterus bicornuate, septate or arcuatus. In our case report,one infant was delivered vaginally and the other delivered by cesarean section in the 34th week. The detection of uterine anomalies in early pregnancy is of great importance.

Sonography has been reported to be useful in identifying abnormal uterine development in most of the cases. Transvaginal sonography offers a new reliable diagnostic method in predicting uterine anomalies in the very early stages of pregnancy. In the above mentioned case report, it was possible to detect a uterus didelphys with a viable twin pregnancy in both the horns only during intra operative period as patient presented very late in third trimester.

Conflicts of interest — the authors declare no conflict of interest .

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