

## A Successful Pregnancy in Women with Uterine Didelphys

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We report a didelphys uterus in 36 years female diagnosed intra-operatively who underwent cesarean section for fetal distress. The fetus was found in one uterus while another uterus was empty.

**Keywords:** antenatal diagnosis, congenital malformation, ectopia cordis, meningocele, oligohydramnios

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### INTRODUCTION

Uterus didelphys is a congenital anomaly of the uterus. The imperfect fusion of mullerian duct occurs, in this type of defect the two halves of the uterus remains distinct and each has its own cervix.<sup>1</sup> Each uterus has one fallopian tube. Some patients are asymptomatic while others suffer with primary infertility. In some patients, normal pregnancy can occur but obstetrical complications such as spontaneous abortion, still birth, preterm birth are frequent. Septate uterus is the commonest uterine anomaly followed by bicornuate uterus and arcuate uterus.<sup>2</sup> Uterine anomaly is associated with poor pregnancy outcome.<sup>1</sup>

### CASE

A thirty six years female presented with the complaints of amenorrhea for nine months, per vaginal leaking for 4 hours and pain abdomen for 1 day. On examination her general condition was fair, uterus term size, longitudinal lie, fetal heart rate 140 beats per minutes; per vaginal examination showed os parous, uneffaced, soft, central with absent membrane and moderate meconium stained liquor. During emergency cesarean section lower uterine segment was formed, liquor was thick meconium stained, presentation was cephalic and placentation was anterior. There were two uteri with fallopian tube in each and per speculum showed two cervixes. The baby was delivered from one uterus on right and small sized uterus was on the left (Figure 1). Tuboligation was also performed. This patient had three visits antenatal visits and her first scan was done thirty

three weeks of gestation but her uterine anomaly was not detected at that time. Her past obstetric history included three normal deliveries at home.



Figure 1. Picture showing didelphys uterus.

### DISCUSSION

Prevalence of mullerian anomaly is exactly unknown. It varies from 0.1% to 10%.<sup>1</sup> Incidences of singleton pregnancy in uterine didelphys is 1 in 3000, incidence of twin gestations is 1 in 5 million, and incidence of triplets in uterine didelphys is 1 in 25 million.<sup>3</sup>

Most women with didelphys uterus are asymptomatic, but may present with dyspareunia or dysmenorrhea in the presence of a thick, sometimes obstructing, vaginal septum. This obstructing vaginal septum can lead to hematocolpos or hematometrocolpos and thus present as chronic abdominal pain as well. Rarely, genital neoplasms and endometriosis are reported in association with cases of didelphys uterus.<sup>1</sup>

The body of literature on didelphys uterus, although limited, generally shows that the anomaly may lead to better pregnancy outcomes in comparison to the other anomalies, however there are also studies that

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demonstrate the contrary. In Acien's prospective observational study of the reproductive outcome of women with different uterine anomalies in comparison to a normal uterus found the rate of term delivery for a didelphys uterus significantly lower than the normal uterus group.<sup>4</sup>

Uterus didelphys represents a uterine malformation where the uterus is present as paired organ. There is a presence of double uterine bodies with two separate cervixes and often a double or septate vagina. Women with congenital malformation have higher incidence of complications during pregnancy and delivery.<sup>1</sup>

When classifying these anomalies solely based on abnormal development, four major types are apparent: complete or partial failure of Mullerian duct development, failure of ducts to canalize, incomplete fusion of Mullerian ducts and incomplete reabsorption of uterine septum

A longitudinal vaginal septum is also present. It may range from thin and easily displaced to thick and inelastic.<sup>3</sup>

## CONCLUSIONS

The didelphys uterus is a very rare Mullerian duct anomaly and may remain unnoticed even in multigravida.

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