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Full Term Pregnancy on Didelphys Uterus

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Abstract:- Didelphys uterus is a rare congenital malformation due to a defect of fusion of the müllerian ducts in the embryonic period with formation of two uterine and cervical cavities sometimes associated with a septated vagina. The occurrence of pregnancy in a didelphys uterus is a rare event that may be associated with increased risk of several obstetrical complications. We report the case of a 28 year old primigravida patient who was consulted for a full term pregnancy in early labor with a breech presentation and Premature Rupture of Membrane more than 12 hours before her admission in the maternity. A cesarean section was performed with the intraoperative discovery of a didelphys uterus.

Keywords:- *Didelphys Uterus, Pregnancy, Delivery, Müllerian Ducts Anomalies.*

I. INTRODUCTION

Didelphys uterus is a rare congenital malformation of the female genital tract due to a total incapacity of fusion of the müllerian ducts in embryonic period with formation of two uterine and cervical cavities associated in 75% of the cases with a longitudinal vaginal septum, other duplications of organs can be associated: vulva, urethra, anus and bladder [1].

II. CASE REPORT

A 28-year-old primigravida patient, with no pathological history, presented to the maternity emergency room with a 38-week pregnancy without prenatal follow-up, in early labor, with a breech presentation and premature rupture of membrane more than 12 hours before her admission. The clinical examination did not show a vaginal septum, Ultrasound showed an evolving monofetal pregnancy with breech presentation and eutrophic biometry. The patient underwent a caesarean section and after extraction of the newborn, a didelphys uterus was discovered: two uterine cavities each with its adnexa (Figures 1 & 2), the baby was male, birth weight at 2800 g, Apgar 10/10 at the first and 5th minute. without postoperative complications of the patient.

III. DISCUSSION

Didelphys or duplicated uterus is a very rare malformation of the müllerian duct that represents 8% of all female genital tract abnormalities [2], with an incidence of 0.3% in the general population [3], the occurrence of a pregnancy in a didelphys uterus is a rare event with about 400 cases cited in the literature [4].

A meta-analysis concluded that the presence of a uterine malformation is generally associated with an increased risk of miscarriage, preterm delivery, intrauterine growth restriction, breech presentation, premature rupture of membranes, low birth weight less than 2500g, and perinatal death [5].

Clinically most women with a didelphic uterus are asymptomatic, but some cases report dyspareunia or dysmenorrhea, hematocolpos, hematometra and rarely, genital neoplasms, and renal anomalies are reported in association with this malformation [6]. The diagnosis is usually made by ultrasound or hysterosalpingography, MRI allows a more accurate diagnosis especially to determine the modality of delivery [7]. Renal ultrasound is recommended to rule out associated renal agenesis in the rare Herlyn-Werner-Wunderlich syndrome [8].

According to the literature, there is a high incidence of caesarean section rates in patients with congenital anomalies of the mullerian ducts, with a caesarean section rate of 80% in pregnancies in didelphys uterus without immediate indication [9, 10]. Caesarean section in didelphys uterus pregnancy seems to be a safe indication for a good outcome of mother and baby, but it is not an absolute indication. Although cases of vaginal delivery in didelphys uterus have been reported, even after caesarean section and for twin pregnancy [6,11, 12]. Further analysis of the literature is necessary to determine the optimal modality of delivery and to assess the risk of vaginal delivery for the fetus and the mother [7].

IV. CONCLUSION

The occurrence of pregnancy on Didelphys uterus is rarely reported in the literature, an early ultrasound at the beginning of the pregnancy makes the diagnosis of this malformation and provides a close follow-up to determine the modality of delivery with a good outcome for the baby and the mother.

Conflicts of Interest : The authors do not declare any conflict of interest.

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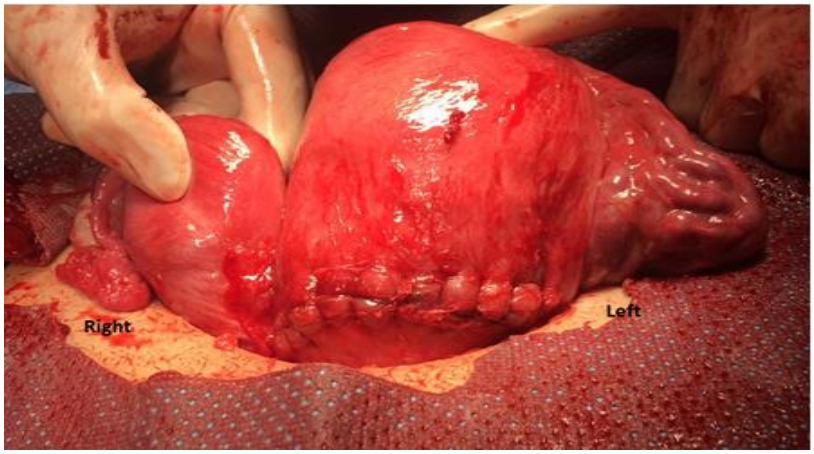

Figure 1: Image showing the left uterus after newborn extraction and closure of the uterine incision, with another uterus on the right.

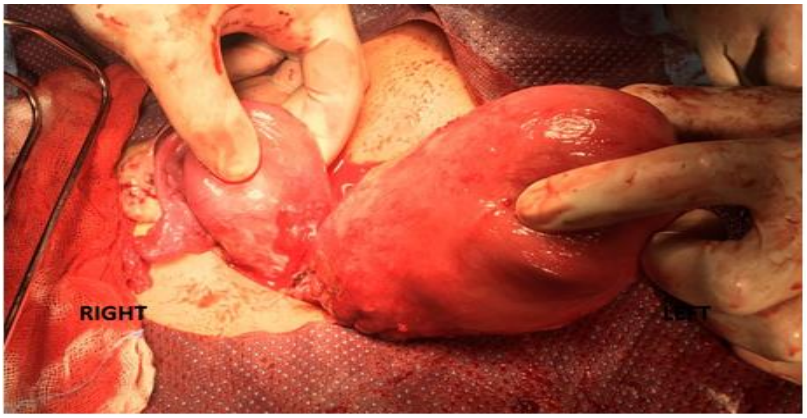

Figure 2: Intraoperative image showing the presence of two uterine cavities.