Uterine Didelphys Diagnosed at Caesarean

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Discussion

Uterine didelphys is a rare congenital anomaly due to a fusion abnormality of the Mullerian ducts. The incidence is difficult to estimate and varies with the population studied. It is thought bicornuate uteri constitute approximately 5% of uterine fusion abnormalities with an overall incidence of less than 1%. This may go undiagnosed or present in young women with dyspareunia/difficulties using tampons or around menarche if complicated by failed canalisation of one hemi-vagina leading to unilateral haematocolpos. If diagnosed it is important to perform renal imaging due to the association with renal-tract abnormalities.

An increased rate of obstetric complications has been related to uterine abnormalities and uterine didelphys in particular. These include (but are not limited to) infertility, spontaneous miscarriage, breech presentation, preterm rupture of membranes and premature labour.

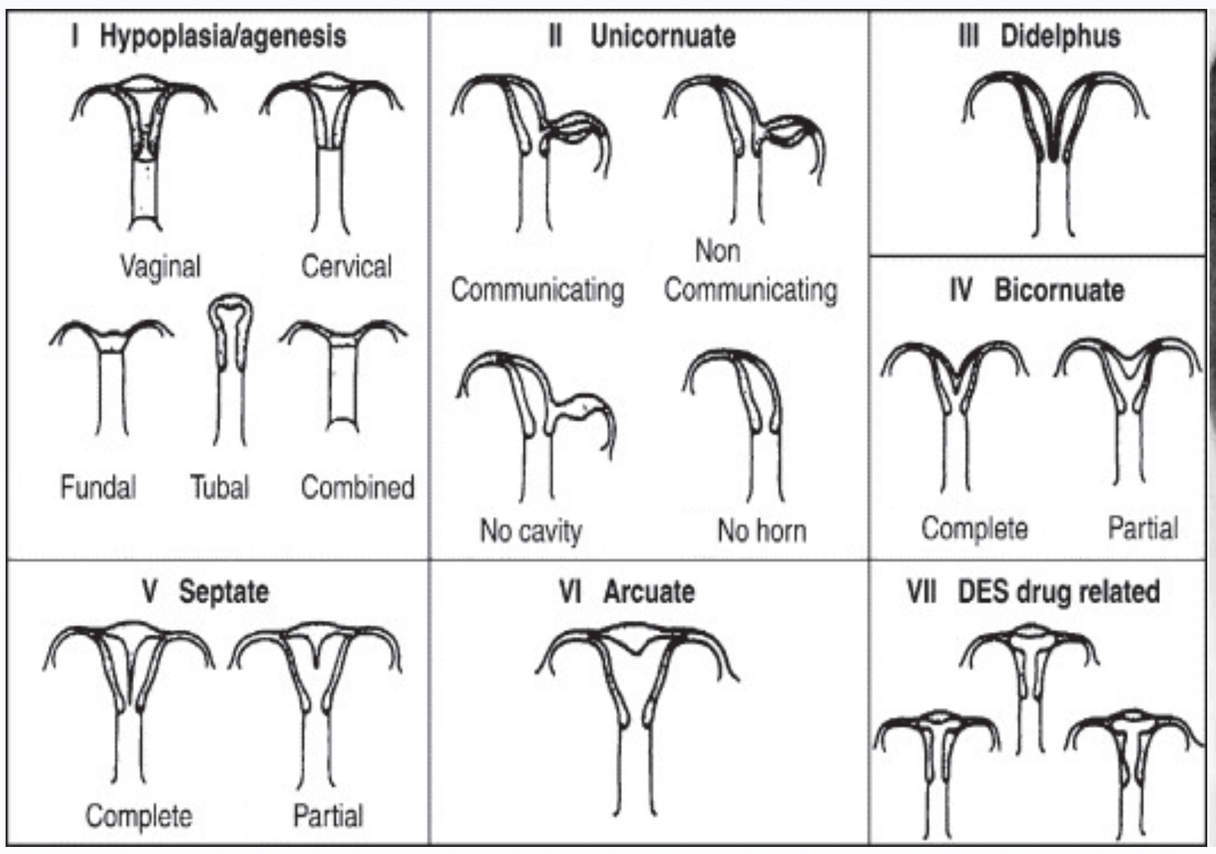

Figure 1
American Fertility Society classification of congenital abnormalities of the genital tract.
(From: Edmonds K, Rose G: Outflow tract disorders of the female genital tract; *The Obstetrician & Gynaecologist*: 2013;15:11–7 Reprinted from: Journal of Pediatric Surgery, Gholoum S, Puligandla P, Hui T et al. Management and outcome of patients with combined vaginal septum, bifid uterus, and ipsilateral renal agenesis (Herlyn–Werner–Wunderlich syndrome). p987,Copyright ©2006, Elsevier inc)

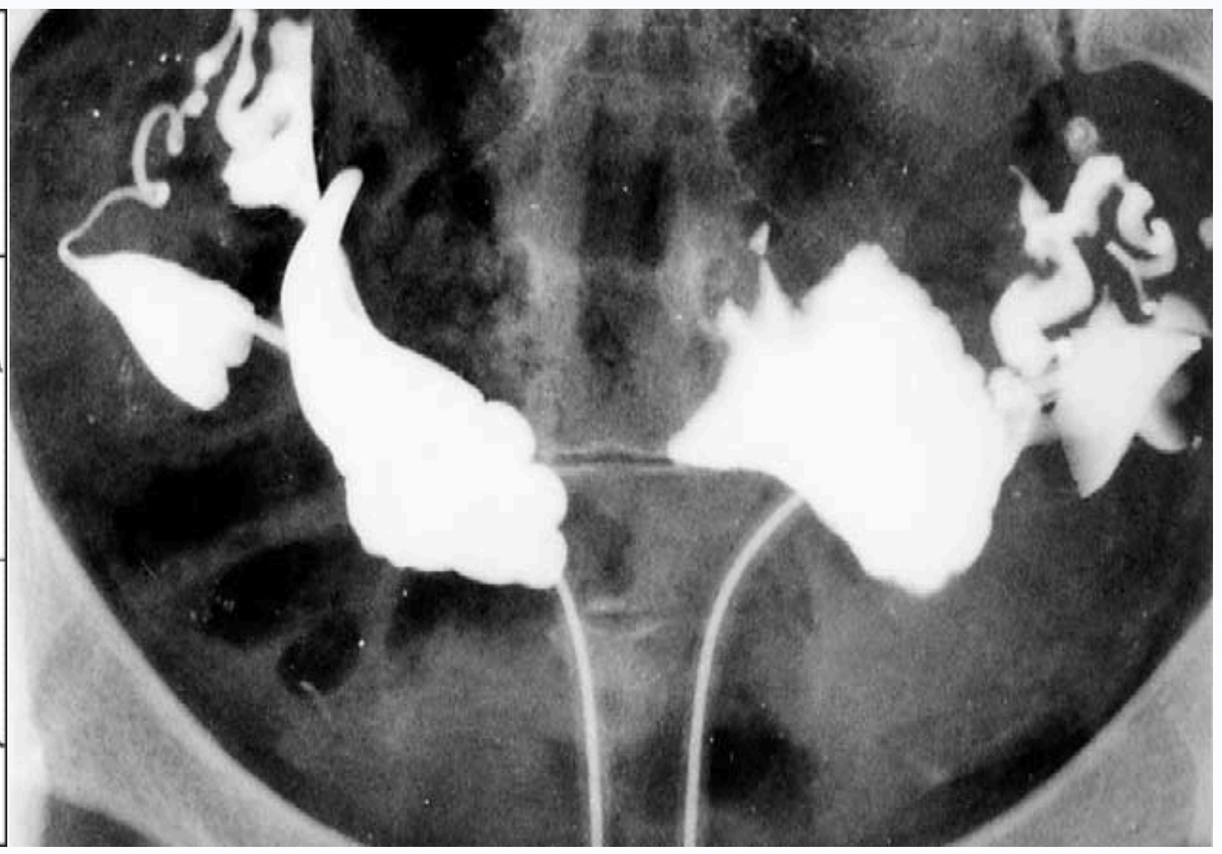

Figure 2
Hysterosalpingoogram showing two separate uteriune cavities
(From Noharaa M, Nakayamaa M, Masamotoa H *et al*; *BJOG: an International Journal of Obstetrics and Gynaecology:* March 2003, Vol. 110, pp. 331–332*)*

Case Report

We describe a case of a fit and healthy 20-year-old primiparous patient, with an MCDA twin pregnancy presented in preterm labour at 32 weeks gestation. She had routine consultant-led antenatal care with a questioned bicornuate uterus at her dating scan but no suspicion of didelphys. She had normal renal ultrasound imaging to confirm no associated renal tract anomalies during her early second trimester. On admission she was identified as having a longitudinal vaginal septum and two hemi-cervices. Due to obstetric complications she delivered 2 healthy baby girls by emergency caesarean-section at which time the diagnosis of uterine didelphys was confirmed with the twins in the right hemi-uterus. The left hemi-uterus was of normal appearance with normal unilateral fallopian tube and left ovary.

Discussion

Uterine anomalies are rare in our healthy obstetric and gynaecological population, however, important for clinicians to be aware of, with reference to associated congenital renal tract anomalies and potential obstetric complications, especially in emergency situations.

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References

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2. Twin pregnancy in each half of a uterus didelphys with a delivery interval of 66 days. Noharaa M, Nakayamaa M, Masamotoa H *et al*; *BJOG: an International Journal of Obstetrics and Gynaecology:* March 2003, Vol. 110, pp. 331–332