Case report

SUCCESSFUL CONSECUTIVE SINGLETON PREGNANCIES IN SEPARATE HORNS OF A UTERUS DIDELPHYS: A CASE REPORT

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ABSTRACT

Uterus didelphys and successful consecutive pregnancies in separate horns of a uterus didelphys are rare situations separately, and are related to worse perinatal outcomes. We reported the case of a 32-year-old woman with a uterus didelphys and successful consecutive pregnancies in separate horns. At the 40th gestational week, Caesarean section (CS) was performed because of previous CS delivery, and a healthy female infant weighing 2340 g was delivered. To our knowledge, the present case is extremely rare and consecutive pregnancies in separate horns were both successful and term gestations.
In conclusion, in consecutive pregnancies in separate horns of a uterus didelphys can be considered as two independent uterine gestations.

INTRODUCTION

Uterine anomalies and successful consecutive pregnancies in separate horns of a uterus didelphys are rare situations separately. Congenital uterine anomalies result from the abnormal formation, fusion or resorption of Mullerian duct during fetal life **(1)**. A uterus didelphy results when bilateral Mullerian ducts do not fuse but develop side by side. Although frequently asymptomatic and normal pregnancies can occur in patients with Mullerian duct anomalies, all of these congenital anomalies have been linked infertility, recurrent pregnancy loss, preterm delivery, fetal malpresentations and other obstetric complications which increase perinatal morbidity and mortality rates **(2-4)**.

The true incidence and prevalence of Mullerian duct anomalies in the general and in the infertile population is not accurately known. The incidence and prevalence of these anomalies vary widely. However, prevalence ranging from 0,16 to 10% has been reported **(5)**. The discrepancy between reports is due to the application of different diagnostic methods, with variable test performance and lack of a uniform classification system to define the abnormalities.

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This case is reported because of its rarity and to highlight the possibility of successful consecutive pregnancies in separate horns of a uterus didelphys.

CASE

A 32-year-old woman with a uterus didelphys, gravida 6, para 1 was admitted to our hospital at 40 weeks' gestational age for the birth by CS. She presented with a clinical history of recurrent pregnancy loss for 2 years. She had recurrent spontaneous abortion at the 7^{th}-11^{th} week of gestation three consecutive times. A uterus didelphys was diagnosed by ultrasonography and hysterosalpingography during the research of recurrent pregnancy loss. After the diagnosis of uterus didelphys, she had a live-term birth by CS and second-trimester miscarriage.

According to her last menstrual period and previous obstetric ultrasound reports, she had a 40 weeks gestation but ultrasound examination revealed a 35 weeks gestation with breech presentation. Spontaneous regular uterine contractions occurred. CS was performed under spinal analgesia. Uterus didelphys was found. The right uterine horn had an incision scar of previous CS and there was a peritoneal adhesion between the right uterine horn and bladder. There was no adhesion and incision scar on the left uterine horn. Present pregnancy was located at the left uterine horn **(Figure 1)**. The fetus in the left uterine horn was delivered through a transverse incision of the lower uterine segment of the left horn. A female infant weighing 2340 g with Apgar scores 8 and 10 at 1 and 5 minutes, respectively was delivered. Her post-operative course was uneventful with no signs of any complications. The patient and the baby were discharged without complication on the 2th day after birth.

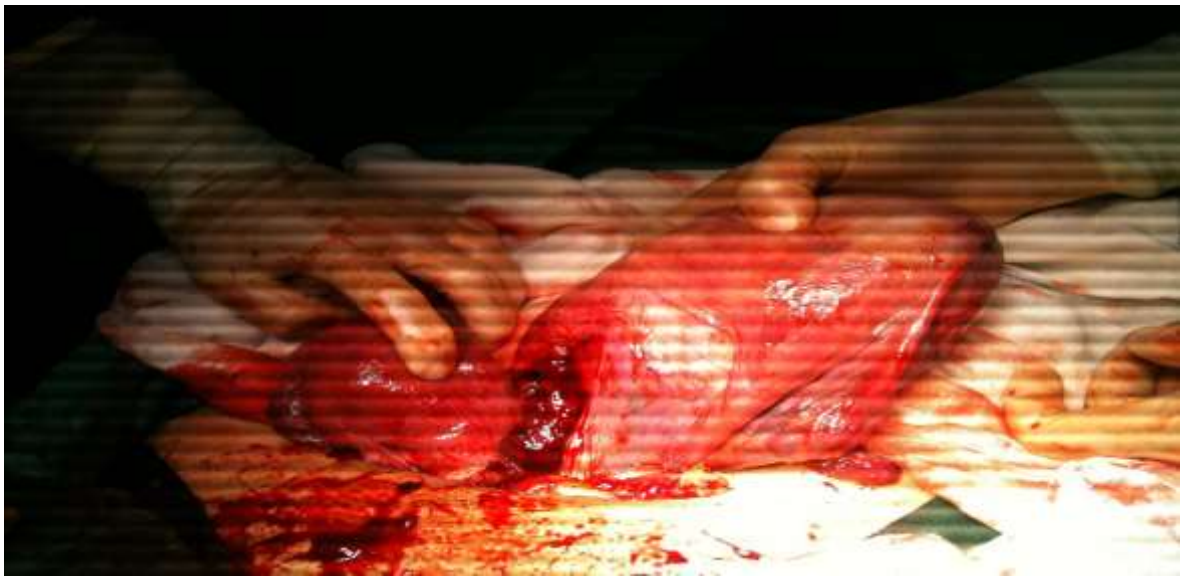

Figure 1: Operative view of a uterus didelphys with a right uterine horn having an incision scar of previous CS and a left uterine horn having a new transverse incision of the lower uterine segment.

DISCUSSION

Congenital Mullerian duct defects are a fascinating clinical problem encountered by obstetricians. Uterine structural anomalies are often asymptomatic and normal pregnancies can occur in patients with Mullerian duct anomalies. These anomalies are often discovered during pregnancies or at the time of delivery and abortion or during infertility evaluation **(6)**. In our cases uterus didelphys was diagnosed during investigation of recurrent pregnancy loss.

Compared with women with a normally shaped uterus, the women those having any type of Mullerian duct anomalies must expect to have significantly higher risk of obstetric complications such as spontaneous abortion, recurrent pregnancy loss, premature labor, malpresentations and dystocia at delivery **(7,8)**. While the majority of women with Mullerian duct anomalies have little problem conceiving, they have higher rates of spontaneous and recurrent abortion, as was noted in our patient.

This report describes one case of the successful consecutive singleton pregnancies in separate horns of a uterus didelphys. However, there is a paucity of information on successful consecutive pregnancies in separate horns of a uterus didelphys, because of its extremely low frequency. In most reported cases, women with uterus didelphys had consecutive pregnancies in the same horn which the successful previous pregnancies had occurred in. In our case, the patient had successful consecutive pregnancies in separate horns of a uterus didelphys.

To our knowledge, the present case is extremely rare. Caesarean section was performed because of previous CS delivery. The right uterine horn had incision scar of previous CS and there was a peritoneal adhesion between the right uterine horn and bladder. There was no adhesion and incision scar on the left uterine horn. The fetus in the left uterine horn was delivered through a transverse incision of the lower uterine segment.

The reason how a successful consecutive pregnancy in separate horns of a uterus didelphys can occur uneventfully may be due to complete separation of the horns. In true uterus didelphys, the uterine horns appear to be functionally independent. One uterine horn appears to be protected against local adhesion events occurring on the other. Consecutive pregnancies in separate horns of a didelphic uterus can be considered as two independent uterine gestations.

In conclusion, in consecutive pregnancies in separate horns of a uterus didelphys can be considered as two independent uterine gestations.

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