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Uterus Didelphys with Longitudinal Vaginal Septum: Normal Delivery

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Introduction

Pregnancy in uterine didelphys is a relatively rare condition and the mode of delivery in these patients is unclear. Uterine didelphys is not an indication for caesarean section. We report a case of uterus didelphys who had a vaginal delivery.

Case Report

A 21 year old, Rhesus negative Primigravida referred in view of severe preeclampsia with uterine didelphys. She had regular cycles and no history of menstrual disturbances in the past. She was married for 10 months, spontaneous conception and no dyspareunia. Booked at 6weeks, had conceptional folate, Iron and calcium supplementation. No history of early pregnancy bleeding or threatened preterm labour. She was diagnosed to have uterine didelphys or bicornuate uterus by early scans.

Admitted at 37 weeks with BP 160/100 mmhg, urine alb 3+, no imminent signs or symptoms of eclampsia. Symphysiofundal height was 33 cm, cephalic presentation, admission CTG normal.

Was started on anti hypertensive and bloods for PIH profile sent. We did an ultrasound which showed a Single live fetus, cephalic presentation, IUGR with normal doppler flow. EFW: 2190 gms. Pelvic examination: Longitudinal vaginal septum, two cervices, pregnancy in the left uterus.

After discussion labour was induced in view of her severe preeclampsia. As the Bishop's score was unfavorable – prostaglandins were used. Patient had continuous CTG monitoring from the onset of uterine contractions in view of IUGR and preeclampsia. We had cross matched 1 unit of packed cell in view of mild anemia and bearing in mind the possibility of vaginal septal laceration at birth.

She delivered after 8 hrs 30 min, 15 min of second stage. During second stage the vaginal septum stretched and small cut at the area of maximal stretch given, and the whole septum got lacerated at the delivery of the head with the episiotomy. Baby weight 2.36 kg, boy with good APGAR score. 3rd stage actively managed. Uterus well contracted. Cervices were normal. Septum completely lacerated, minimal oozing from the lacerated septal edges- settled on pressure and vicryl sutures. Episiotomy sutured. Estimated blood loss was 150 ml.

Discussion

Uterine didelphys is also known as a duplicated uterus. Almost all have double vagina- longitudinal vaginal septum. Incidence is 1 in 3000 [1]. Relatively uncommon it remains a challenge for the obstetrician especially at delivery.

The etiology of uterine didelphys is unknown. It is an embryological abnormality resulting from the failure of fusion of the Mullerian ducts, causing full uterine development to erroneously occur bilaterally.

They are usually asymptomatic. It may present with dysmenorrhoea or dyspareunia. A patient not had intercourse may just complain of difficulty in insertion of a tampon or bleeding during menstruation with a tampon. Dypareunia may be a presenting symptom with intercourse especially in a transverse vaginal septum.

Diagnosis is mainly by pelvic examination – double vagina and double cervix.

Investigations include transvaginal sonography. 3D is an excellent non invasive method [2]. Others include- Sonohysterography, Hysterosalpingography, MRI and Hysterolaparoscopy.

Pregnancy losses, Malpresentations, IUGR are some of the complications during pregnancy.

Incidence of caesarean section is 82% [3] Herlyn-Werner-Wunderlich syndrome- a rare syndrome described is an association of uterine didelphys with haematocolpos and ipsilateral renal agenesis [4].

Multiple pregnancies are very rare. The usual presentation is twins in each horn separately. Majority of Multiple pregnancies with uterine didelphys have preterm labour. But delivery interval between twins might vary from days to weeks. Incidence of triplets in uterine didelphys is 1 in 25 million [5]. The first case of viable triplets was reported in UK in 2006.

Conclusion

Vaginal delivery is not contraindicated in uterine didelphys with longitudinal vaginal septum. Although the caesarean section rate is 82% vaginal delivery is still a possibility with maternal and fetal monitoring and proper vigilance.

Disclosure of Interest

There is no conflict of interest to declare

Contribution to Authorship

The author was directly involved in the care and management of the patient. Also collaborated on the content of the paper and approved with the final outcome.

Details of Ethics Approval

No ethical approval was required for this paper.

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References

1. Grimbizis GF, Camus M, Tarlatzis BC, Bontis JN, Dervoey P (2001) Clinical implications of uterine malformation and hysterscopic treatment results. Hum Reprod Update 7: 161-174.

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2. Woelfer B, Salim R, Banerjee S, Elson J, Regan L, et al. (2001) Reproductive outcomes in women with congenital uterine anomalies detected by three-dimensional ultrasound screening. Obstet Gynecol 98: 1099-1103.

3. Heinonen PK (1984) Uterus didelphys: a report of 26 cases. Eur J Obstet Gynecol Reprod Biol 17: 345-350.

4. Madureira AJ, Mariz CM, Bernardes JC, Ramos IM (2006) Case 94: Uterus Didelphys with Obstructing Hemivaginal Septum and Ipsilateral Renal Agenesis. Radiology 239: 602-606.

5. Mashiach S, Ben-Rafael Z, Dor J, Serr DM (1981) Triplet Pregnancy in Uterus Didelphys with Delivery Interval of 72 days. Obstet Gynecol 58: 519-521.