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Case Report

Pregnancy outcome in bicornuate uterus with pre-term labor: a case report

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ABSTRACT

Reproductive outcome and pregnancy rates are relatively challenging in women with uterine anomalies. Pregnancies in bicornuate uterus are considered as high-risk pregnancies which requires adequate antenatal screening and early diagnosis to prevent complications. Many cases remain asymptomatic but in later age during pregnancy it leads to severe complications.

Keywords: Bicornuate uterus, Preterm labor, Pregnancy

INTRODUCTION

Mullerian anomalies are rare developmental anomalies of the female reproductive tract (Table1).¹ Bicornuate uterus is a type of uterine malformation resulting from failure of fusion of mullerian ducts. The bicornuate uterus accounts for approximately 10% of the mullerian anomalies.² The uterine malformations are known to be associated with spontaneous miscarriages, IUGR, pre term deliveries, pre term labor, breech presentation and increased rate of cesarean delivery.² I report a case of pregnancy with bicornuate uterus carried till 27⁺4 weeks of gestation and had a negative outcome.

CASE REPORT

A 29 years old primigravida mother married for 12 years with 27⁺4 weeks of gestation admitted in the labor room of SKKCH, Golaghat with the chief complain of pain abdomen and bleeding per vagina from last 1 day. She was diagnosed with bicornuate uterus on abdominal ultrasonography with the fetus and gestational sac in the right cornua of uterus.

USG report reveals single live fetus in cephalic presentation with adequate liquor volume and placenta is located at the posterior side. Fetal weight was 357gm ±50gm and no gross fetal anomalies were seen. Normal vaginal delivery was done on that day of her admission and she delivered a female baby of weight 1.2kg. But immediately after delivery baby was referred to SNCU.

The baby was kept NPO, CPAP was connected. Oxygen saturation of the baby was 99% with oxygen @5liters. The condition of the baby deteriorated gradually and the weight of the baby reduce to 0.985kg and after 9 days of birth we loss the baby due to cardio-respiratory failure.

DISCUSSION

Bicornuate uterus has an irregular shape of the uterus which affect childbirth. Early USG is important for diagnosis of abnormal uterus. The rate of the Premature Rupture of Membranes (PROM), preterm separation of the placenta, miscarriage, premature delivery, and Intrauterine Growth Restriction (IUGR) is higher in cases of bicornuate uterus.⁴

Table 1: ASRM (American Society of Reproductive Medicine) Müllerian Anomalies Classification 2021.

Müllerian agenesis	Embryologic underdevelopment of Müllerian duct resulting in agenesis or atresia of vagina, uterus or both.
Cervical agenesis	Congenital disorder of female reproductive system resulting in absence of cervix.
Unicornuate uterus	When one Müllerian duct fails to elongate while the other develops normally results in the unicornuate uterus and accounts for approximately 20% of Müllerian duct anomalies. A unicornuate uterus may be isolated, manifesting in 35% of patients. It is usually associated with variable degrees of a rudimentary uterine horn. ³
Uterus didelphys	This defect accounts for approximately 5% of Müllerian duct anomalies. It results from nearly complete failure of fusion of the Müllerian ducts. ³
Bicornuate uterus	Bicornuate uterus is the result of incomplete fusion of the uterovaginal horns at the level of the fundus. ³
Septate uterus	In this defect the uterovaginal septum fails to resorb partially or completely. ³
Transverse vaginal septum	In this condition a wall of tissue or a septum runs horizontally or vertically across the vagina.
Longitudinal vaginal septum	
Complex anomalies	It includes conditions like bicornuate uterus with bilateral obstructed endometrial cavities, bicornuate uterus with r/l communicating tract and transverse vaginal septum, uterus isthmus agenesis. ¹

Prasad and Thingujam in a study shows that the rate of pre term delivery (66.6%) is higher in women with bicornuate uterus.⁵ A bicornuate uterus is a risk factor for rupture of the uterus even in a primigravida.⁶

However, there are several reports of successful gestations involving bicornuate uterus patients. A successful gestation in one of the horns in a woman with a bicornuate uterus has been reported by Adeyemi et al.⁷ In this case the first USG was done on the day of admission in labor room on 27 weeks of gestation only after having complications. So, it is necessary for an antenatal mother to have proper pre-natal diagnosis to have a safe pregnancy and to prevent complications. Bicornuate uterus is associated with adverse pregnancy outcome.⁸ In this case the patient was also a case of primary infertility but proper research has to be done to diagnose that bicornuate uterus is the cause of infertility.

CONCLUSION

A bicornuate uterus case is a rare one. A majority of women are diagnosed during pregnancy and so it is important to provide comprehensive counseling to women about the obstetric outcome. Proper pre-natal counseling of women, antenatal visits and systematic supervision is crucial for every antenatal mother to avoid any complication during their pregnancy.

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