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A RARE CASE OF SUCCESSFUL PREGNANCY OUTCOME IN A SUBSEPTATE UTERUS

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ABSTRACT

Introduction: Mulerian duct anomalies are congenital anomalies of the female reproductive tract . The incidence of congenital uterine malformation is estimated to be 3-5% in general population in which subseptate uterus is 2%- 3% with highest reproductive failure rate. **Case Report:** A 35 years old booked case of gravida 4 para 0 living 0, abortion 3 who has been married for 18 years and conceived spontaneously. An early ultrasound done at 12 weeks of gestational age detected a subseptate uterus , a succenturiate lobe ~3cm and vessels transvering across the os s/o vasa previa type II . Patient reported with pain abdomen at 37weeksof gestation. CTG was non reactive. An emergency LSCS with controlled ARM was done and extracted a live female child with vertex presentation .On exteriorizing the uterus findings were confirmed. **Discussion:** A uterine septum is one where the uterine cavity is portioned by a longitudinal septum uterine serosal surface has a normal typical shape. Septate uterus can be two types either complete or partial according to American society of reproductive medicine. **Conclusion:** Though rare but uterine anomalies should be suspected in patients with recurrent pregnancy loss, preterm birth and malpresentations. An early diagnosis and proper antenatal care is required to successfully manage a pregnancy with uterine anomaly.

KEYWORDS : subseptate uterus, succcenturiate placenta, reccurent pregnancy loss

INTRODUCTION

Mullerian duct anomalies are congenital anomalies of the female reproductive tract . The incidence of congenital uterine malformation is estimated to be 3-5% in general population in which subseptate uterus is 2%- 3% with highest reproductive failure rate. Abnormal fusion of Mullerian duct in embryonic life results in variety of malformations.

It is most commonly associated with adverse pregnancy outcome and seen in patients with recurrent pregnancy loss.

In 1998 American fertility society described congenital uterine anomalies related to Mullerian ducts . Septate uterus is the most frequent uterine malformation characterized by a muscular or fibrous wall called septum. The septum may affect only the cranial part of the uterus(subseptate) or may reach as far as cervix (Complete septate).

Case Report

A 35 years old female resident of Raichur Gravida 4 , para 0 , living 0, abortion 3 presented to OBG with 2 months of amenorrhoea. She has been married for 18 years and has had recurrent spontaneous miscarriages at about the 10th–12th week of gestation, for 3 consecutive times.

She had complaints of pain abdomen and per vaginal spotting for which supportive treatment was given . An early ultrasound done at 12 weeks of gestational age detected a subseptate uterus, a succenturiate lobe ~3cm seen along inferior posterior wall with membrane and vessels transvering across the os s/o vasa previa type II. She has regular antenatal visits which were uneventful till 8 month.

At 33 weeks of gestation she was admitted with complain of abdominal pain. Tocolysis given and steroid coverage done for lung maturity. Ultrasonography done revealed Subseptate uterus, possibility of succenturiate placenta with mild polyhydramnios of AFI 18cms with Breech presentation.

At 37 weeks of gestation the patient came with pain abdomen and was admitted on 27/5/22.

On Examination patient is moderately built and nourished, afebrile, no pallor, no edema.

BP-110/70mmHg , PR-74bpm

Systemic Examination : CVS/CNS/RS – Normal

Per Abdominal Examination

uterine height was corresponding to 34 weeks with flanks full more than period of gestation , relaxed

Fundal Grip: soft , smooth ,irregular mass felt s/o breech

Lateral Grip: Could not be appreciated due to poly hydraminos

Investigations

Hb- 13.5gm/dl
BG – A positive
PC- 3.3 L
RBS- 118mg/dl
HIV - NR
HBsAg - Neg
VDRL -Neg

MANAGEMENT

An emergency lower segment caesarean section was done on 27/5/22. Controlled rupture of membranes with 18G needle was done and drained 2200ml of clear liquor with the following intra operative findings : Uterus noted with fundal dimpling. A live female child with compound presentation weighing 2.9kg was extracted. Septum noted in the uterine cavity.

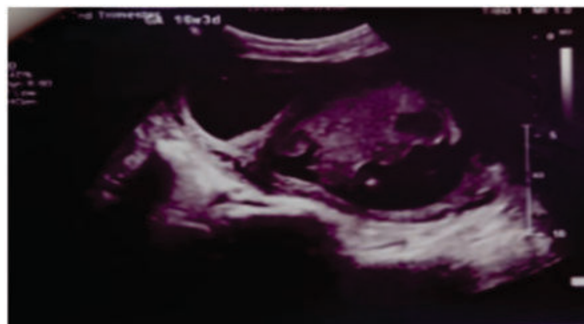

Fig 1: USG showing a septa

A large lobe of placenta is located anteriorly towards the right side of the septa while a small part of the placenta was towards the left side of the septa which mimicked like a succenturiate lobe of placenta on the USG.

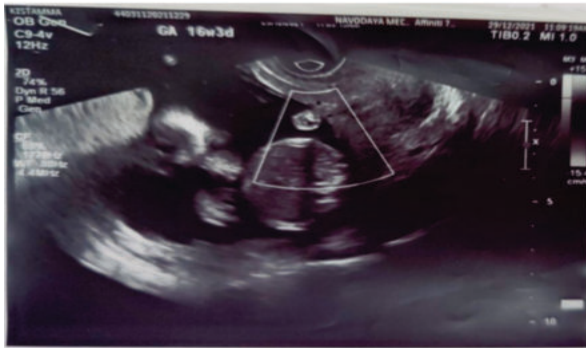

Fig 2: USG showing Succenturiate lobe

By exteriorizing the uterus , findings were confirmed. She had uneventful post operative period and was discharged on the 7th post operative day.

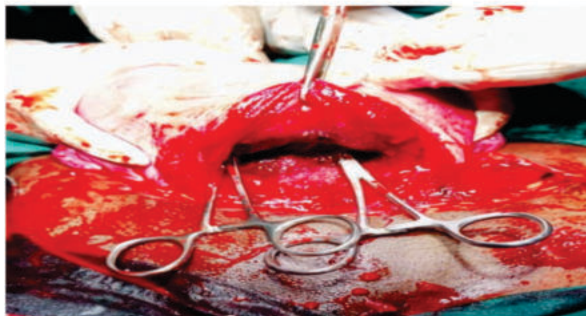

Fig 3:Intraop showing a septa

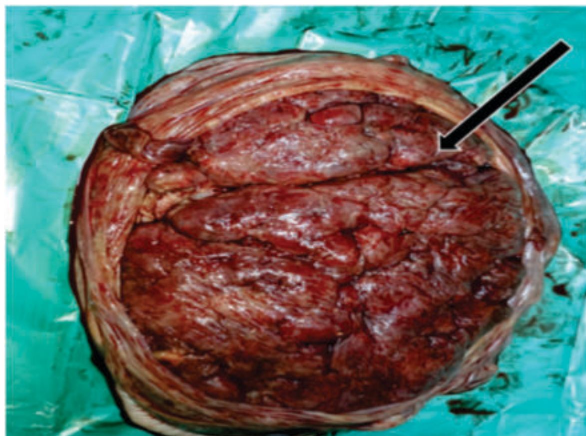

Fig 4: Normal looking placenta

DISCUSSION

A uterine septum is one where the uterine cavity is portioned by a longitudinal septum and Uterine serosal surface has a normal typical shape , due to which the placenta may mimic like a succenturiate lobe on ultrasound which may be misleading to the surgeon as it is not always necessary for a septate uterus to have a succenturiate lobe of placenta, a thorough examination should be done and confirmed intraoperatively as retained placenta may cause postpartum haemorrhage so always a clinical evaluation is a must in such cases.

Septate uterus can be two types either complete or partial according to American society of reproductive Medicine. The wedge like partition may involve only the superior part of the cavity resulting in a incomplete septum or a subseptate or partial uterus or sometimes total length of the cavity.

Congenital uterine anomaly has been well established as a cause of infertility and recurrent pregnancy loss, repeated first trimester spontaneous abortions, intrauterine growth retardation, fetal malpositions, preterm labor and retained placenta.

CONCLUSION

Though rare but uterine anomalies should be suspected in patients with recurrent pregnancy loss, preterm birth and malpresentations. Early diagnosis and proper antenatal care is required to successfully manage a pregnancy with uterine anomaly.

Anticipation and preparedness to deal with these known complications will ensure positive outcome for the mother and baby.

The diagnosis of septate uterus either complete or partial as a congenital anomaly can be achieved by MRI. It can be corrected by hysteroscopic surgery which thereby reduces the adverse outcome of pregnancy for women greatly.

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