Original Research Paper

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Obstetrics & Gynaecology

HERLYN -WERNER-WUNDERLICH (HWW) Syndrome – A CASE REPORT.

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KEYWORDS :

INTRODUCTION:

Herlyn -werner-wunderlich (hww) Syndrome is a rare congenital urogenital anomaly characterized by the combination of the triad of uterus didelphys , obstructed hemivagina and ipsilateral Renal agenesis. Most often the latter manifests as renal agenesis but duplicated kidneys, dysplastic kidneys, rectovesical bands or crossed fused ectopia may also be seen.

Case Report: A 27 year old Nulliparous women visited our obstetrics and gynecology department of fathima institute of medical sciences at kadapa with chief complains of primary infertility & dyspareunia since 5 years with 5 years of marital life. She attained menarche at the age of 13 yrs. Her past menstrual history, past Medical & Surgical history were unremarkable.

Clinical Examination:

General condition of the patient was fair with BP 120/80mm of Hg. She had no other complains.

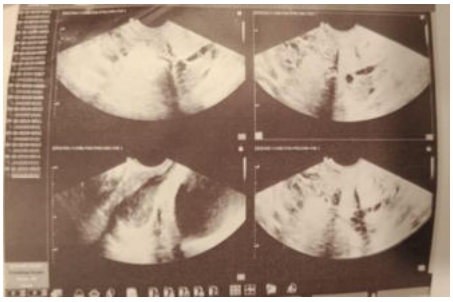
Per Abdomen : examination revealed, no tenderness or palpable mass.
Per speculum : Bulge seen from right fornix. External OS normal.
Per vaginal : Tender swelling? collection in right Fornix

Investigations:

USG report :

Right Kidney not seen, Left kidney normal in size. Both ovaries enlarged & show multiple immature follicles as in PCOD.

TVS report : Uterus didelphys, 2 fundi seen separately & 1 cervix continuing with vagina & 2nd cervix continuing blindly.



Management:

The patient was diagnosed with herlyn-werner- wunderlich syndrome. Resection of vaginal septum was done under General Anesthesia. Patient conceived by intrauterine insemination done in right horn of uterus after 3 months of surgery and delivered a healthy male baby of weight 3.5kgs by LSCS due to breech presentation.

DISCUSSION:

Uterine anomalies can result from failure of the mullerian ducts to fuse in the midline, to connect with the Urogenital sinus or to create the appropriate lumen in the upper vagina & Uterus by resorption of the central vaginal cells & the septum b/w the fused mullerian ducts. Lack of fusion of the 2 mullerian ducts results in duplication of the corpus & cervix.

CONCLUSION:

Reported a case of HWW syndrome In a 27 year old lady presented with primary infertility& dyspareunia & treated with Surgical resection of the vaginal septum following which she conceived by IUI in right horn of uterus & delivered a male child of wt. 3.5 kg by LSCS.

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