ORIGINAL RESEARCH PAPER

Obstetrics & Gynaecology

A CASE REPORT : PREGNANCY IN AN UNICORNUATE UTERUS WITH NON COMMUNICATING NON CAVITATED HORN

KEY WORDS:

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INTRODUCTION

Müllerian duct anomalies (MDA) are an uncommon but can be a treatable form of infertility [1]. Patients with MDA are known to have higher incidences of infertility, repeated first trimester spontaneous abortions, fetal intra-uterine growth retardation, fetal malposition, pre-term labour and retained placenta [1]

Case Presentation

A 26 year old lady married since 3 years came to the OPD for consultation regarding primary infertility.

Obstetrically she was nulligravida , nullipara. She had regular menstrual cycles and there were no menstrual complaints. Her all other blood investigations Complete blood count , thyroid hormone levels were in the normal range. Antimullerian hormone was 3.2

As a part of routine investigation for primary infertility a trans vaginal sonography was done which was suggestive of a unicornuate uterus with a non cavitated horn.

She was advised an abdominal sonography to rule out renal anomalies , abdominal sonography was normal

Ovulation induction was done with Clomiphene citrate 100 mg daily from 5th day of menses , and the couple was advised to follow fertile period , days 15,16,17 of the menstrual cycle

She came to the hospital 10 days after messing her due date.Urine pregnancy test was done it was positive

Intrauterine sac was confirmed by Trans vaginal sonography.

First Trimester – Nuchal translucency scan was done – it was normal , double marker test revelaed low risk for Down's syndrome and PIH

Folic acid 5 mg daily and ecosprin 75 mg daily were started

Second trimester – Macdonald's cervical cerclage was done at 14 weeks

She was started on Imtramuscular progesterone 500 mg weekly

She also given L Arginine 3 gram sachet daily alongwith 33mg elemental iron tablet (sodium feredetate) daily

Third trimester – After 34 weeks sonography showed intrauterine fetal growth restriction Ultrasound with Doppler assessment was done weekly thereafter

At 37 weeks she went into labor and was admitted Caesarean section had to done in view of non progression of labor , she delivered a male baby of 1700 grams , baby cried immediately after birth and was shifted to NICU for further care

Intraop Findings Revealed

1) Pregnancy in the left horn of uterus
2) Left adnexa was normal
3) There was right non communicating horn
4) Right fallopian tube was normal , right ovary showed a simple cyst

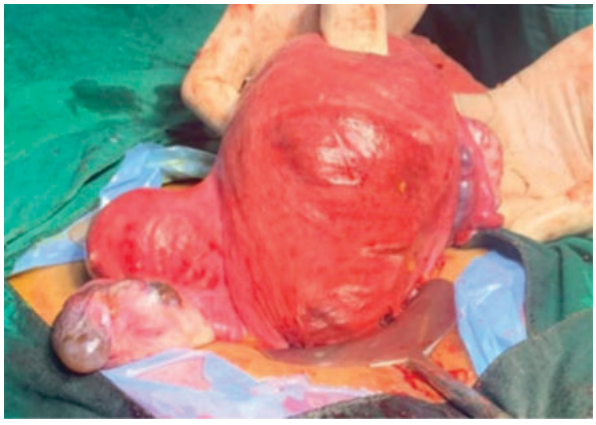

Image 1 : Intraoperative picture

DISCUSSION

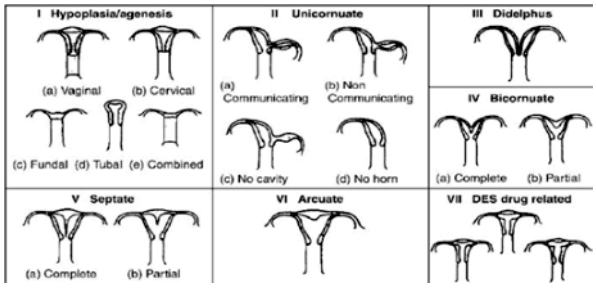

Image 2 – classification of Mullerian anomalies

Mullerian anomalies are associated with an increased incidence of early pregnancy losses

The incicdence of pregnancy loss in such patients is about 25 % (2)

Mullerian duct anomalies are often associated with other

findings like duplicated ureter , renal anomalies , MURCS syndrome . A detailed evalution of such patient prior to conception is essential

Appropriate luteal phase support , estimation of cervical length in the 2nd trimester(3) and fetal monitoring by ultrasound Doppler assessment is crucial for a good outcome

REFERENCES

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