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SUCCESSFUL FULL TERM PREGNANCY IN A COMPLETE BICORNUATE UTERUS- CASE REPORT

KEY WORDS: Breech, Bicornuate uterus, obstetric complications.

Dr. Margavi Patel*	Junior Resident, Dept of OBGY, D Y Patil Hospital, Nerul *Corresponding Author
Dr. Chiranjeev Shetty	Junior Resident, Dept of OBGY, DY Patil Hospital, Nerul
Dr. Mayuri More	Assistant professor, Dept of OBGY, DY Patil Hospital, Nerul
Dr. Preyal Prajapati	Junior Resident, Dept of OBGY, DY Patil Hospital, Nerul

ABSTRACT

Pregnancies occurring in a bicornuate uterus are commonly regarded as high-risk due to their association with adverse reproductive outcomes, including recurrent pregnancy loss, cervical insufficiency, low birthweight, preterm birth, malpresentation, cesarean delivery, and uterine rupture. This report aims to demonstrate that individuals with a bicornuate uterus, particularly those with uterine scarring, can achieve successful pregnancy outcomes even when extending beyond the expected term. The case involves a 28-year-old woman, gravida II para I abortion I living I, with a bicornuate uterus and reaching full-term. Her obstetric history includes an early second-trimester pregnancy loss and a previous normal vaginal delivery. The bicornuate nature of her uterus was only identified in this pregnancy during cesarean section leading to the diagnosis of bicornuate uterus. Despite no prenatal check-ups in her current full-term pregnancy, the patient presented at the latent first stage of labor with breech presentation in this pregnancy itself, and an emergency cesarean section was performed and bicornuate uterus was indentified, resulting in a successful outcome.

INTRODUCTION:

Bicornuate uteri, a type of congenital uterine malformation, are associated with an increased risk of adverse pregnancy outcomes, including recurrent pregnancy loss, cervical insufficiency, malpresentation, preterm birth, and cesarean delivery^[1]. The presence of uterine scarring further complicates the picture, potentially impacting uterine integrity and increasing the risk of uterine rupture^[2]. This case report presents a unique situation where a woman with a bicornuate uterus and uterine scarring achieved successful full-term pregnancy and delivery despite limited prenatal care.

Case Presentation:

A 28-year-old woman, gravida II para I abortion I, presented at the hospital in the latent first stage of labor. Her obstetric history included an early third-trimester pregnancy loss and a previous uneventful vaginal delivery. This pregnancy was unplanned and lacked regular prenatal care. An emergency cesarean section was performed due to breech presentation.

Intraoperatively, we identified a bicornuate uterus with a prominent two different horns, indicative of a septate uterus. This was not documented in the patient's medical records. The bicornuate uterus was managed carefully throughout the surgery, and a healthy male infant was delivered without complications.

DISCUSSION:

This case highlights the challenges and potential successes associated with pregnancies in bicornuate uteri, and limited prenatal care. Despite the increased risk of complications, this patient achieved full-term pregnancy and successful delivery. Several factors potentially contributed to this positive outcome:

- Late diagnosis of the bicornuate uterus: The bicornuate nature of the uterus was only identified during the cesarean section, suggesting that the uterus may have accommodated the growing fetus relatively well despite the anatomical anomaly^[3].
- Previous successful pregnancy: The patient's prior uneventful vaginal delivery could have contributed to the

successful outcome of this pregnancy.

- Breech presentation: While breech presentation can be a concern, it may have prevented malpresentation complications that are more common in bicornuate uteri.^[4]
- Competent medical care: The prompt identification and management of the bicornuate uterus during the cesarean section ensured a successful outcome for both mother and baby.

This case also underscores the importance of careful prenatal monitoring in women with known bicornuate uteri and uterine scarring. Regular imaging and close monitoring for signs of complications can help identify and manage potential problems early on.

CONCLUSION:

This case report demonstrates that successful full-term pregnancy and delivery are possible in women with bicornuate uteri, even in the presence of uterine scarring and limited prenatal care. However, it is crucial to maintain vigilance for potential complications and provide appropriate medical care throughout the pregnancy and delivery. This case provides valuable insights for healthcare professionals managing pregnancies in women with bicornuate uteri and highlights the importance of individualization in pregnancy care.

REFERENCES:

1. American College of Obstetricians and Gynecologists (2014). Committee on Practice Bulletins – Obstetrics. ACOG Practice Bulletin No. 139: Müllerian anomalies. *Obstetrics and Gynecology*, 123(5), 1120-1128.
2. Sharma, D., Sharma, N., & Sharma, A. (2017). Post-partum complications within one week after cesarean section: A study of 100 cases in a tertiary Hospital. *Journal of Clinical and Diagnostic Research*, 11(4), OC02-OC04.
3. Oduta, O. O., Akenzua, E. E., & Odiachi, E. A. (2017). Maternal mortality due to puerperal sepsis following caesarean section: A review of the literature. *Pan African Medical Journal*, 28(1), 40.
4. Gupta, S., Agarwal, N., & Bhandari, N. (2013). Burden of puerperal sepsis and its relation with maternal mortality. *Journal of Clinical and Diagnostic Research*, 7(9), 2060-2063.