

CASE REPORT

A RARE CASE OF BICORNOATE UTERUS WITH TWIN PREGNANCY: ONE PREGNANCY IN EACH HORN!!

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HOW TO CITE THIS ARTICLE:

Beena Guhan, Anusha H. Gopalan, Meera Pavithran, Smitha D'Couth, Sajala Vimalraj. "A Rare Case of Bicornuate Uterus with Twin Pregnancy: One Pregnancy in each Horn!!". Journal of Evidence based Medicine and Healthcare; Volume 1, Issue 10, November 10, 2014; Page: 1332-1337.

INTRODUCTION:

- BICORNUATE UTERUS^{1,2} is a congenital uterine anomaly caused by incomplete lateral fusion of the mullerian ducts.
- It is CLASS-IV mullerian anomaly according to the AMERICAN SOCIETY OF REPRODUCTIVE MEDICINE classification.

Incidence of uterine malformations - 4% in fertile women, 3.5-6% in infertile women, 13% in patients with recurrent abortions.^{3,4,5} Bicornuate uterus – 25% of all uterine malformations.⁵

- Bicornuate uterus is associated with adverse pregnancy outcomes^{6, 7, 8, 9} like
 1. Recurrent pregnancy loss
 2. Preterm birth
 3. Malpresentations.

Live birth rate with a bicornuate uterus is 40-60%.⁹

KEYWORDS: Bicornuate uterus, Twin pregnancy, Uterine anomaly.

CASE REPORT:

- A 27 yr old primigravida at 18 weeks gestational age, was referred to our institution as a case of bicornuate uterus with pregnancy in each horn.
- She was married for 8 years, evaluated for primary infertility.^{10, 11}
- **2008** - Her ultrasound³ revealed UTERINE DIDELPHYS.
- **2008**- IUI was done for 4 times but unfortunately failed.
- **2011 March**- HYSTEROLAPOROSCOPY with vaginal septum resection was done and the findings were BICORNUATE UTERUS with a non-communicating rudimentary horn (left).
- **2011 June**- MRI was done and it showed UTERINE DIDELPHYS.

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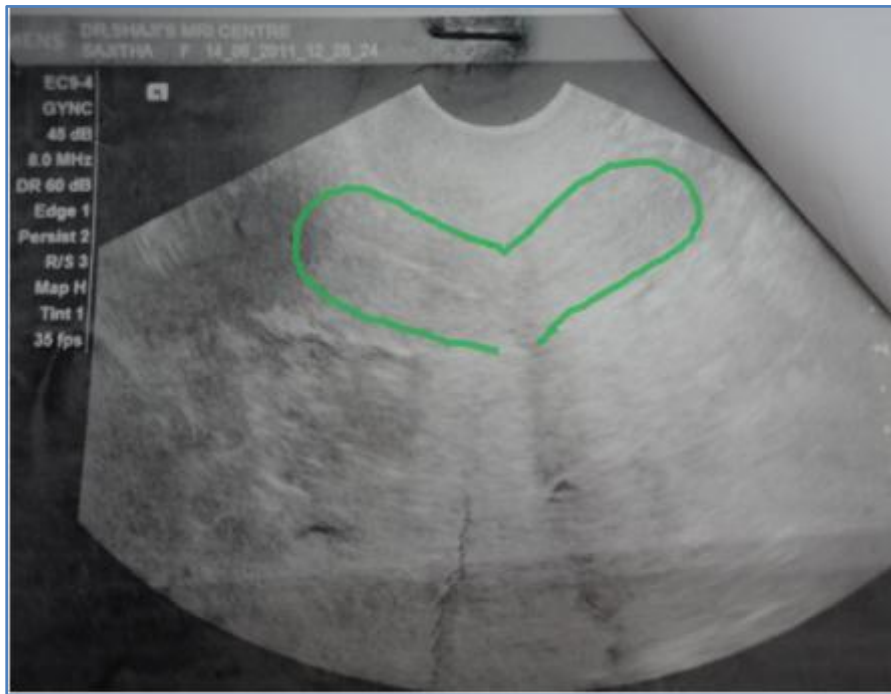


Fig. 1: PRECONCEPTIONAL USG SHOWING TWO UTERINE CAVITIES

- **2011 September** – IUI was done and again it was a failure.
- In **2013 June** – IVF – Embryo Transfer was done. She conceived successfully with IVF, with pregnancy in both horns.
- Her USG revealed – bicornuate bicollis uterus with two live intrauterine gestations.
- MRI at 4th month showed DCDA twins, one in each horn with asymmetry in the size of the cavities right horn larger than the left horn and thinning and stretching of myometrium of both horns.
- She was managed in our hospital with fortnightly progesterone depot injections, daily vaginal micronized progesterone. Two doses of steroids were given. With conscientious care in our hospital, her antenatal period was uneventful.

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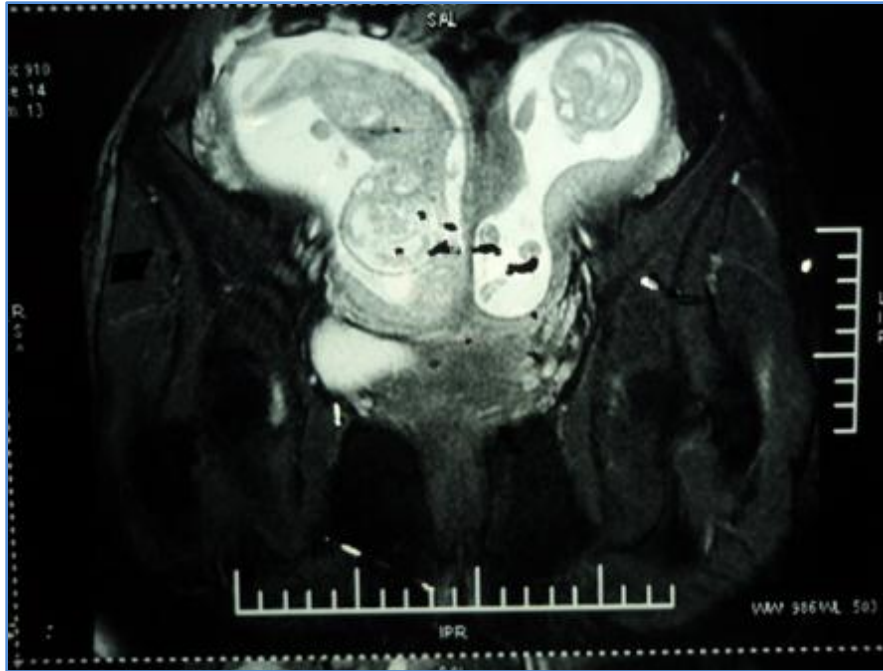


Fig. 2: MRI SHOWING TWO UTERINE CAVITIES WITH TWO IUGS

OUTCOME: Elective LSCS was done at 35 completed weeks, delivered twin male babies of weight 2.3kg from right horn and 1.7 kg from left horn. Intra operatively there was a partial septum of 0.5 cm thickness separating the two horns.

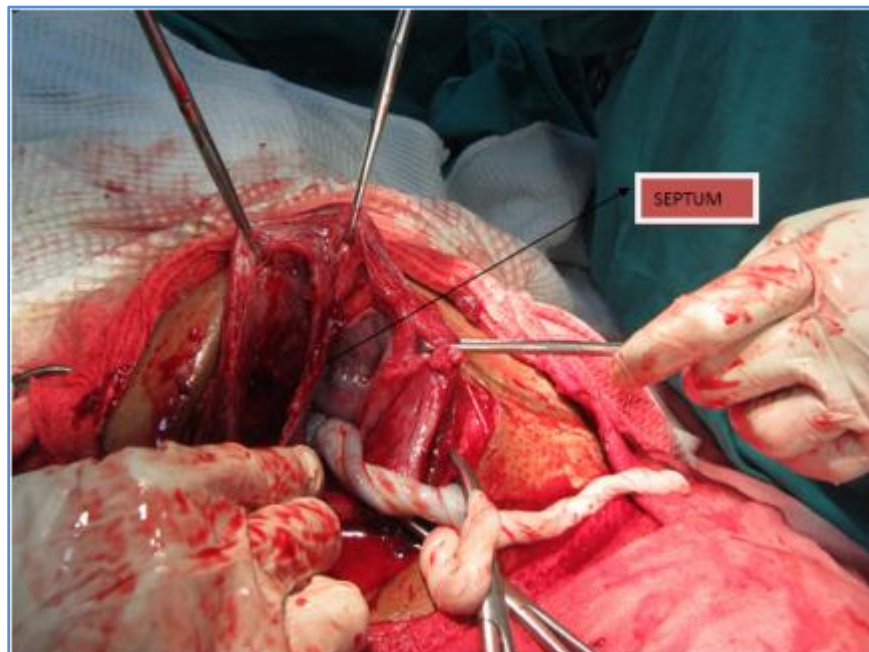


Fig. 3: SEPTUM SEPARATING THE TWO HORNS

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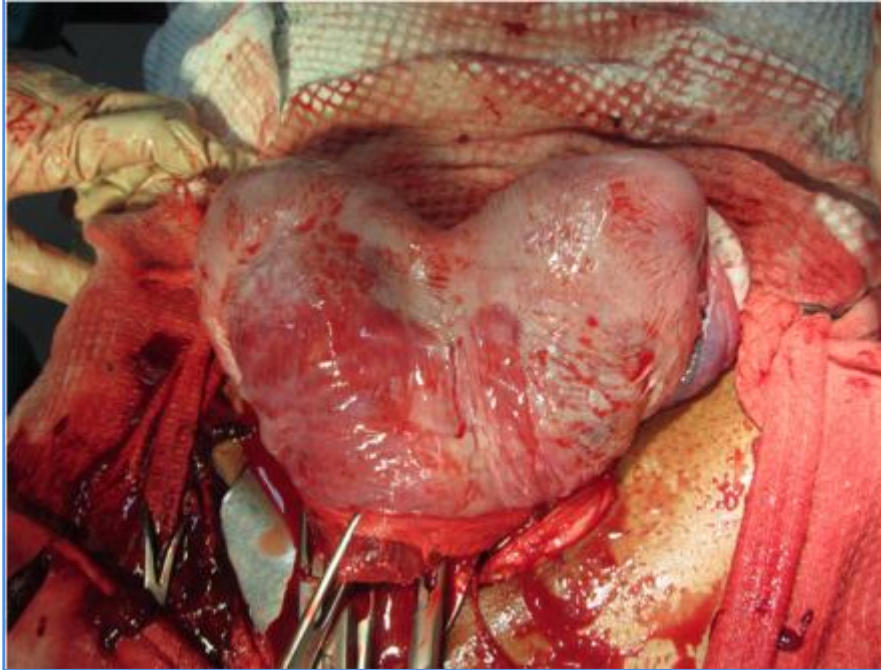


Fig. 4: BICORNUATE UTERUS

Postoperative period was uneventful.
Mother and babies discharged hale and healthy.



Fig. 5: BABIES WHO WERE IN ADJACENT ROOMS OF A SINGLE WOMB

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CONCLUSION:

- Twins are double trouble! Twins in an anomalous uterus was quadruple trouble!! Pertinent handling of this challenge led to the successful outcome.
- With recent advances in infertility treatment and meticulous obstetric care, uterine anomalies are no longer a roadblock in the path of safe and successful motherhood.

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Date of Submission: 07/10/2014.
Date of Peer Review: 08/10/2014.
Date of Acceptance: 13/10/2014.
Date of Publishing: 08/11/2014.