

Fate of Fetus in an Anamolous Uterus: A Case Report

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Abstract: Congenital anomalies of the female reproductive tract may involve the uterus, cervix, fallopian tubes and vagina. Depending on the specific defect, a women's Obstetric and Gynaecologic health may be affected. Presenting here a case report of a 22 year old primigravida with married life of 2½ years, had spontaneous conception with regular antenatal checkup's at Sri Adichunchanagiri Hospital and Research Centre, B.G. Nagara. Of all the mullerian anomalies, those involving the uterus are most commonly implicated with poor obstetric outcome. Although mullerian anomalies are relatively uncommon, they can significantly impact reproductive outcome. Mother to be counselled about reproductive prognosis, pregnancy outcome and management.

Keywords: Unicornuate uterus, Mullerian anomaly, Anamolus baby.

INTRODUCTION

Congenital anomalies of the female reproductive tract may involve the uterus, cervix, fallopian tubes and vagina. Depending on the specific defect, a women's Obstetric and Gynaecologic health may be affected [1].

Uterine anomalies are the most common of the mullerian anomalies [2] and are associated with both normal and adverse reproductive outcomes, like spontaneous miscarriage, abnormal presentation, IUGR, preterm labour [2-4]. It is also associated with renal anomalies and skeletal abnormalities involving spine, limbs, ribs [5-7].

Of the mullerian anomalies, unicornuate uterus constitutes 10%. The true / isolated unicornuate uterus is usually rare and most of the patients are asymptomatic.

CASE REPORT

Presenting here a case report of a 22 year old primigravida with married life of 2½ years, had spontaneous conception with regular antenatal check up's at Sri Adichunchanagiri Hospital and Research Centre, B.G. Nagara. She had polydactyly of right hand and on routine anomaly scan done at 5th month, she was

diagnosed to have a right pelvic kidney with normal renal profile, had an uneventful antenatal history. All her investigations were in normal limits.



Fig. 1: Right Hand showing Polydactyly

She underwent LSCS at 37 weeks of gestation for early fetoplacental insufficiency with oligohydramnios with non-reassuring NST, extracted a single live term male baby of 2 kg.

Intraoperatively, she was found to have a unicornuate uterus with left tube and ovary - an incidental finding.



Fig. 2: Unicornuate Uterus with Left Tube and Ovary

Baby had features of asymmetrical IUGR, phimosis and 2 central lower incisors.



Fig. 3: Baby showing lower central incisors



Fig. 4: Baby having phimosis

Postoperatively, she was followed up after 6 weeks. Both mother and baby were healthy. HSG was done.



Fig. 5: HSG showing unicornuate uterus with left tube

DISCUSSION

Of all the mullerian anomalies, those involving the uterus are most commonly implicated with poor obstetric outcome [3].

Unicornuate uterus is due to abnormal / failed development of one of the paired mullerian ducts [8]. The isolated type is the most common (35%). If rudimentary horn is present, with non-cavity (33%), cavity with non communicating (22%), cavity with communicating (10%) [9].

Conception with unicornuate uterus can have adverse outcome due to diminished cavity size, insufficient musculature, inability to distend, abnormal endometrium, abnormal myometrial & cervical function, decreased vascularity [10-14].

Consequence to the above mentioned changes, can have preterm labour, miscarriages, malpresentations, IUGR [15].

It is the most common mullerian anomaly associated with renal anomalies (40%) of which, the most common being renal agenesis (67%) [16, 17]. Less common are ectopic kidney, horseshoe kidney, malrotated kidneys. These renal anomalies are contralateral to the unicornuate uterus [18].

CONCLUSION

Although mullerian anomalies are relatively uncommon, they can significantly impact reproductive outcome. Mother to be counselled about reproductive prognosis, pregnancy outcome and management.

As like in isolated unicornuate uterus-though rare, most being asymptomatic, diagnosed incidentally / during infertility workup, still needs a thorough investigation and workup for associated anomalies of other system for a better reproductive outcome.

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