

## Title: Uterine anomalies and early pregnancies are they ticking time bombs?

### Introduction:

Congenital uterine anomalies are common but their effect on reproductive outcome is unclear. of women have been noted to have adverse pregnancy outcomes with maternal uterine anomaly. This is a case report of a 26 year old lady with uterus didelphys.

### Objectives:

To discuss an unusual case of a primigravida at 11 weeks with uterus didelphys, who had a spontaneous rupture of right horn of the uterus and presented in hemorrhagic shock. This case discusses about how to efficiently diagnose and manage such an emergency.

### Case operation procedure:

Case report of a 26 year old girl, married for 9 months with 11 weeks amenorrhea presented in emergency department with 1 day history of vomiting, abdominal cramps. She had didelphys uterus and the pregnancy was located in the right horn in previous scan. On arrival, she was in hypovolemic shock. She clinically appeared pale, had a distended abdomen. USG confirmed haemoperitoneum. She was taken to theatre immediately after obtaining consent for hysterectomy. Patient was resuscitated with fluids, blood products and inotropes. Intraoperatively, she had a 3 litres haemoperitoneum and 11 weeks' size fetus was found in the abdominal cavity. There was a ruptured right horn of the uterus. Excision of the right horn was performed. Patient had a hemoglobin of 4 and INR of 1.9 preoperatively. Intraoperatively, imminent DIC was corrected. Immediate post op was managed in ICU with elective intubation. Patient recovered well and was discharged home.

### Discussion:

She has been advised to use a reliable contraceptive and to not plan a pregnancy in the future. The following questions need to be addressed to effectively counsel a patient before embarking on a pregnancy. What is the risk ratio of congenital uterine anomalies rupturing nearly at the end of first trimester? Do we let this patient conceive in the future? If not, how do we counsel about her fertility options?

### Conclusion and acknowledgement:

Although the patient was known to have an intrauterine pregnancy, a high degree of suspicion is needed in such clinical scenarios to manage quickly and effectively.

**Conflict of Interests:** None. Author: Dr. Shahida Parveen, MRCOG, Apollo women and childcare Hospital, Madurai.

