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Title: Didelphys Uterus- An Interesting Case Report of Pregnancy in a Rare Mullerian Anomaly

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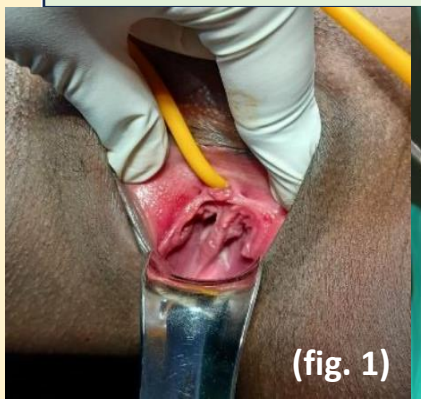
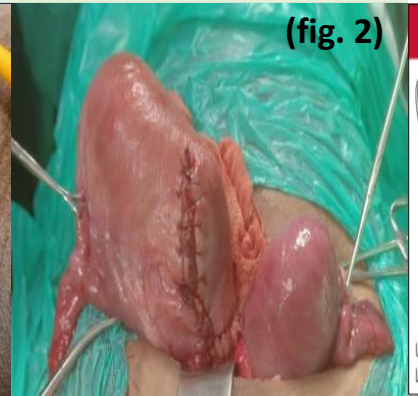
CASE REPORT

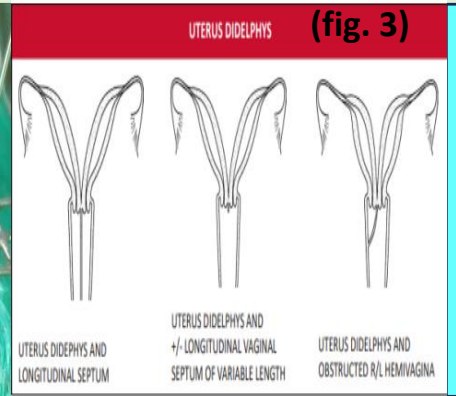
A 27-year-old primigravida, 34.2 weeks gestation, from Mumbai, Presented with decreased fetal movements and Doppler changes.
Spontaneous conception, registered at 24 weeks gestation. Uncomplicated antenatal period.
Ultrasound: Single live fetus (33.5 weeks) in cephalic presentation, posterior placenta, estimated fetal weight: 2310 g. Adequate amniotic fluid; two loops of cord around the neck. Middle cerebral artery Doppler: CPR < 1 (brain-sparing effect).
Physical Exam: Normotensive, afebrile, uterus size 32 weeks, fetal heart rate (170 bpm). (fig. 1)
Vaginal exam: Thick non-communicating septum, two cervices (didelphys uterus discovered).

MANAGEMENT

Emergency lower segment cesarean section
Intraoperative Findings: Didelphys uterus (fig. 2) (pregnancy in right hemiuterus), oblique lie.
Delivered a female infant (1790 g, APGAR 9/10).
Uterus closed in double layers, hemostasis achieved.
No renal anomalies on follow-up ultrasound and MRI. Uneventful recovery and puerperium.


(fig. 1)


(fig. 2)



(fig. 3)

DISCUSSION

- **Definition:** A rare Müllerian duct anomaly (MDA) resulting from complete failure of Müllerian duct fusion, leading to two uterine cavities and two cervices, often accompanied by a longitudinal vaginal septum. (fig. 3)
- **Prevalence:** Accounts for 8.3% of MDAs globally.
- **Diagnosis:** Historically involved invasive methods (hysteroscopy, laparoscopy). Modern imaging: 3D/4D ultrasound (non-invasive, detailed assessment) and MRI (detects associated urinary anomalies).
- **Challenges:** Morphological variations and evolving classification systems.
- **Symptoms:** Often asymptomatic. Thick vaginal septum may cause dyspareunia, dysmenorrhea, hematocolpos, or hematometrocolpos, leading to chronic pain.
- **Reproductive Outcomes**: Fertility and pregnancy rates are higher than unicornuate uterus but lower than septate and bicornuate uterus.
- Risks: Spontaneous abortion, fetal growth restriction, preterm birth, and reduced term delivery rates (~45%).High-risk obstetric care improves outcomes.
- **Management:** Surgery (e.g., metroplasty or septum excision) considered for symptomatic cases or severe obstruction. Vaginal birth feasible unless the vaginal septum is thick/obstructive. Cerclage rarely needed due to low association with cervical incompetence.
- **Prognosis:** Untreated cases have lower pregnancy outcomes compared to normal uterus but may improve with surgical or high-risk obstetric interventions.

CONCLUSION

The didelphys uterus is a rare Müllerian duct anomaly with varied reproductive outcomes, where surgical correction is generally unnecessary unless symptomatic, and it does not typically require cesarean delivery or is associated with cervical incompetence.