Fate of Fetus in an Anomalous Uterus: A Case Report

Mahendra G1, Bhavana S2, Vijayalakshmi S3, Ravindra Pukale4, Kalaiselvi1

1 Assistant Professor, 2 Post Graduate, 3 Professor & Head, 4 Associate Professor, Department of Obstetrics and Gynaecology, Adichunchanagiri Institute of Medical Sciences, B.G. Nagara, Karnataka, India

*Corresponding Author:
Name: Dr. Mahendra G
Email: drmuba@gmail.com

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 [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 checkup’s at Sri Adichunchanagiri Hospital and Research Centre, B.G. Nagara. All of 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, Anomalus 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 checkup’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 oligohydranmios 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.
Baby had features of asymmetrical IUGR, phimosis and 2 central lower incisors.

DISCUSSION

Of all the mullerian anamolies, 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%), cavitary with non communicating (22%), cavitary 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.

REFERENCES