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CLINICAL VIGNETTE

One patient with two uteri and two pregnancies – a rare case of twins in a patient with uterus didelphys

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ABSTRACT

We report an extraordinary case of double pregnancy in patient with uterus didelphys. This anatomic anomaly originates from the lack of fusion of the paired Mullerian ducts during embryological development with 0.3% prevalence in the population. The patient presented to our department with initial diagnosis which was confirmed during ultrasound examination at 12 weeks of dichorionic diamniotic gestation. Further ultrasound scans were performed every 4 weeks and revealed no further abnormalities. Due to the uterine malformation and the history of cesarean section, the patient was qualified for an elective cesarean section at 36 weeks of gestation – two premature small for gestational age (SGA) neonates were delivered in good general conditions.

Key words: uterus didelphys; Mullerian duct anomalies; double pregnancy; ultrasound during pregnancy

INTRODUCTION

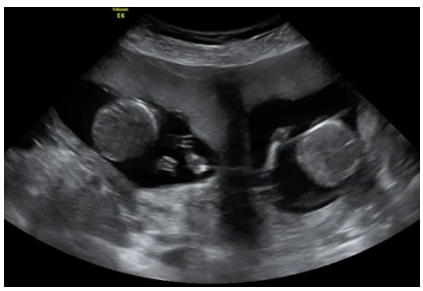
Mullerian duct anomalies (MDA) are congenital defects of the female genital tract that arise from abnormal embryological development [1]. One of the MDA's is uterus didelphys, commonly known as "double uteri". Uterus didelphys originates from the lack of fusion of the paired Mullerian ducts that should occur between 6th and 11th weeks of gestation [2]. The prevalence of uterus didelphys is assessed to be 0.3% in the population, however it may be underestimated due to the challenging diagnosis and advanced three-dimensional technique [3].

CASE PRESENTATION

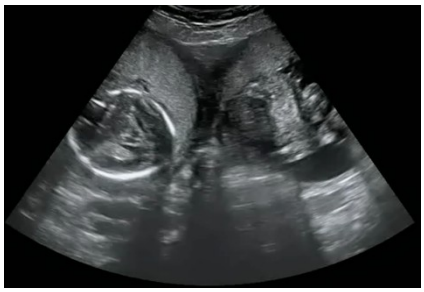
33-year-old patient, gravida 2, para 2, with uterus didelphys was referred to the Outpatient Clinic of Multiple Pregnancies at the 1st Department of Obstetrics and Gynecology, Medical University of Warsaw, at 12 weeks of dichorionic diamniotic gestation for the first trimester scan. Ultrasound examination confirmed the primary diagnosis - dichorionic twins present in each of the uterine cavities (U3b according to the ESHRE/ESGE classification). First trimester screening revealed a low risk of chromosomal abnormalities for both fetuses and their normal anatomy. Chorions were located on the anterior uterine wall, adherent to the septum. Further ultrasound scans, performed every 4 weeks, revealed normal intrauterine growth of both twins. Second and third trimesters of gestation were uneventful. Due to the uterine malformation and the history of cesarean section, the patient was qualified for an elective cesarean section at 36 weeks of gestation – two premature small for gestational age male neonates were delivered (2155 g/51 cm; 2270 g/47 cm; 2nd and 6th centile, respectively) in good general conditions. Intrapartum assessment of the uteri was corresponding to the prenatal diagnosis. Early postoperative period was uneventful and patient was discharged from our Department within 48 hours (Fig 1.).

Patients affected with MDA remain at risk of perinatal complications due to the increased probability of preterm delivery, fetal growth restriction and malpresentation. Thus, three dimensional ultrasonographic evaluation of the uterine cavity might be an important part of preconception counselling and risk stratification. Moreover, MDA diagnosis is the key element of perinatal management and delivery planning.

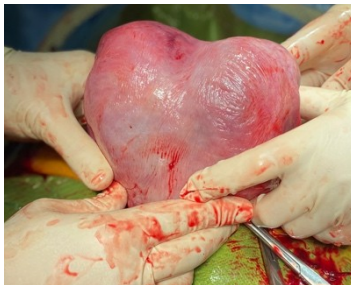
Figure 1.

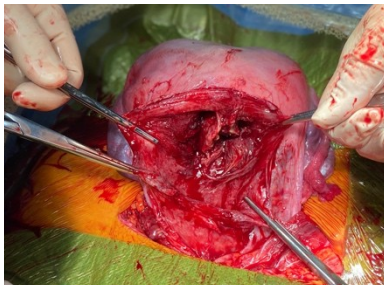


a) First trimester ultrasound examination



b) Second trimester ultrasound examination





c) Intraoperative presentation of the uterus

d) Intraoperative presentation of the septum dividing the uterus into two separate uterine cavities

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