Case Report

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Pregnancy Outcomes in Women with Unicornuate Uterus with Non-Communicating Rudimentary Horn

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Abstract

Objective: The unicornuate uterus is a rare uterine malformation which may results in complications like ectopic pregnancy, infertility, miscarriages, preterm delivery, malpresentations, intrauterine fetal demise.

Case Reports: We hereby discuss five cases of unicornuate uterus with non-communicating rudimentary horn and their pregnancy outcomes in tertiary care centre over span of 2 years. All the five cases came at different gestation.Two patients were out-registered and came at term for delivery and unicornuate uterus was diagnosed intraoperatively. Other three cases were registered and had successful pregnancy outcome after proper antenatal care and monitoring.

Conclusion: Though unicornuate uterus is linked with adverse pregnancy outcomes.In all these five cases we describe how proper antenatal care and monitoring has resulted in successful pregnancy outcome.

Keywords: Unicornuate uterus; Pregnancy outcomes.

Introduction

Prevalence of unicornuate uterus lies some where between 2.4-13.7% of all uterine malformations.[1] Prevalence of unicornuate uterus with rudimentary horn in fertile women is approximately 1 in 1 lakh women.[3] Unicornuate uterus is associated with pregnancy complications like ectopic pregnancy, infertility, miscarriages, preterm delivery, malpresentation,intrauterine growth restriction, oligohydramnios, intrauterine fetal demise, post-partum haemorrhage.[2] We describe five clinical case reports of pregnancy outcome in unicornuate uterus with non-communicating rudimentary horn.We have analyzed all the cases in details and discussed factors which will help in successful pregnancy outcomes.

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Case Reports

Case 1

A 25 years old registered G3P1D1A1 with 37 weeks 1 day gestation with oligo with Os stitch in situ came in labour. Her first gravida was spontaneous abortion where ultrasonography not done and

dilatation and evacuation not done.Second gravida was preterm vaginal delivery with fresh still birth at 31 weeks with IUGR of 26 weeks, delivered 715 gram baby at our hospital. Patient was counselled for close monitoring and follow up in next pregnancy. However patient didn't followed up during preconceptional period. In present pregnancy patient came at 12-13 weeks, found to have short cervix at 21 weeks-Os tightening done.Patient was admitted at 32 weeks for threatened preterm labour-Mgso 4 4 gm loading dose given, cap depin 30mg given, dexa coverage done. At 37 weeks delivered by emergency lower segment C-section for breech. Delivered baby of 2.6 kgs. Intraop-unicornuate uterus with non-communicating horn. Atonic PPH noted, managed medically.

This pregnancy she had successful outcome.

Inference-Proper follow-up and good antenatal care necessary for successful outcome. As seen in this first case.

Case 2

A 32 years old G3P1L1A1 with 36 weeks 2 days gestation came in labour with scar tenderness. First gravida was spontaneous complete abortion confirmed by ultrasonography. Second gravida was full term C-section in view of breech, did not maintain any records. Patient told of some uterine anomaly post-operatively. Patient came at first trimester in present pregnancy, was followed up closely. Cervical cerclage was done in view of short cervix. Patient took for emergency lower segment C-section at 36 weeks in view of scar tenderness. Delivered baby of 2.3 kgs. Intraop-unicornuate uterus.Patient was counselled properly after showing intraoperative photographs.

This pregnancy she had successful outcome.

Inference-Counselling about her health condition is important for future pregnancy.

Counselling to maintain records and photographs.

Case 3

A 20years old out-registered G2A1 with 36 weeks gestation came in labour with breech and FGR. Present pregnancy patient came for first time in labor. Ultrasonography done suggestive of severe FGR with oligo, breech with brain sparing effect and took for emergency Lower segment C-section. Delivered baby of 2 kgs. Intraop-unicornuate uterus.Baby shifted for neonatal care.

This pregnancy she had successful outcome.

Inference-Counselling was done for future pregnancy and explained need for proper antenatal care.

Case 4

A 31years old registered G2P1L1 with 37weeks gestation with GDM with hypothyroidism came in labor. First gravida she was registered with our hospital, took for emergency lower segment C-section at 34 weeks for breech in labor, intraoperatively found to be unicornuate uterus. Patient was well counselled regarding intraoperative findings and proper follow-up in next pregnancy. Present pregnancy patient was followed up each visit, Os tightening done at 20 weeks, took for emergency section at 37 weeks. Delivered baby of 4.1 kgs.

This pregnancy she had succesful outcome.

Inference-Proper follow-up and good antenatal care necessary for successful outcomes.

Case 5

A 25 years old out-registered primi with 37 weeks gestation admitted in latent labour, took for emergency lower segment C-section for arrest of dilatation with occipito-posterior position. Intraoperatively-Occipito-posterior position, Unicornuate uterus seen. Right ureter seen. Left pelvic kidney seen. Postoperatively ultrasonography done suggestive of ectopic left kidney in the pelvis. Patient was counselled regarding uterine anomaly and need for follow-up for further evaluation after 3 months post-op. Explained need for urologist opinion.

Fig. 1: (Case 5): Unicornuate uterus with left pelvic kidney.

Fig 2 (Case 5) : Unicornuate uterus.

This pregnancy she had successful outcome.

Inference-Proper evaluation and counselling for future followup.

Discussion

Pre-operative diagnosis of unicornuate uterus is often not done as patient is asymptomatic and lack of suspicion among obstetricians. Women with complications like infertility, recurrent abortions should undergo detailed radiological evaluation to diagnose for any underlying uterine malformation and it's sub-types. Unicornuate uterus with non-communicating rudimentary horn comes under class IIB of the American Fertility Society classification.[1]

Unicornuate uterus most commonly associated with adverse maternal outcomes as we have seen in case report 1. All the patients with adverse pregnancy outcome should undergo pre-conceptional care and radiological diagnosis to see for any uterine anomaly. As detecting uterine malformations pre conceptionally can result into proper antenatal care and successful outcome later. As we have seen in case report 1 and case report 2 cervical cerclage done that lead to term delivery. Also we have observed that malpresentation like breech presentation is common. So patients presenting with malpresentation suspicious of uterine anomalies should be done and patient should be properly evaluated in postnatal phase. There is limited data available regarding utility of cervical cerclage placement and it's effect on pregnancy outcome. However in these short case reports of five patients, it was observed that cervical cerclage has proved beneficial to prevent preterm delivery. Though unicornuate uterus is related to infertility and sub-fertility.[9] But in all our case reports patients had spontaneous conception in present and previous pregnancy.

Unicornuate uterus was not an absolute indication for C-section. However it was observed in these case reports c-section was done for malpresentations like breech presentations. Also in one case it was observed that patient had fetal malposition that is occipito-posterior position landing patient in c-section.

In case report 5 it was observed that along with unicornuate uterus patient had left pelvic kidney. Thus this makes it necessary to look for anomalies for urinary system when we diagnose anomalies of mullerian duct.[2] Also from literature it is seen that with unicornuate uterus renal contra lateral agenesis and ovarian contra lateral agenesis or undescended ovary is seen. So each time uterine anomalies suspected, physician should look for renal anomalies.

Uterine anomalies are linked with complications like post-partum haemorrhage, however post-partum haemorrhage was seen only in one case in our study.

Hence proper post-op monitoring should be done. Unicornuate uterus most often time related to preterm delivery, hence linked to NICU admission and care. In our cases with proper antenatal care and patient education women with unicornuate uterus can deliver at term.

Conclusion

Though limited data is available for management of pregnancy with unicornuate uterus and this makes decision making difficult for clinicians. This case reports were intended to educate medical professional that successful pregnancy outcome is possible with unicornuate uterus. Unicornuate uterus is thought to be rare uterine anomaly, but these cases were treated over span of 2 years in our hospital. Thus we highlight need for greater awareness and proper antenatal care for successful outcomes.

Conflict of Interest: Nil

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