

Term Pregnancy in a Patient with Septate Uterus - Incidental Finding at caesarean Section with cephalic presentation: A Case Report and Literature Review

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ABSTRACT: Mullerian duct anomalies are the most common congenital anomalies of the reproductive system and septate uterus is the most frequently diagnosed Müllerian anomaly. Almost associating with urinary tract anomalies such as horseshoe or pelvic kidney, renal agenesis, duplication of the collecting system, or ectopic uterus. Septate uterus is one type of congenital uterine anomalies, in which there is a septum from the fundus to the cervix. Currently, it is believed that hysteroscopic metroplasty is a leading choice for patients if their recurrent spontaneous abortion is resulted from septate uterus.

KEYWORDS: uterine malformation, septate uterus, pregnancy.

INTRODUCTION

Septate uterus is one kind of uterine malformations, in which there is a septum from the fundus to the cervix. Complete septum is that the uterine cavity and endocervical canal is completely separated into two components, no matter equal or unequal, while partially separated one is called the incomplete septum, the incidence of Müllerian duct anomalies in women is about 1% [1].

Mullerian anomalies may be relatively uncommon, but the disproportionate interest in these clinical entities is due to their link to a myriad of poor pregnancy outcomes, the septate uterus, in which there is a failure of resorption of the septum between the two uterine horns and can be partial or complete, It has been reported that septate uterus is associated with infertility, spontaneous abortion, premature delivery, and fetal abnormalities [2].

In this case report, we reported a successful term pregnancy in a patient with septate uterus that extend lower segment of uterus with Incidental Finding at caesarean Section and fetus cephalic presentation.

CASE PRESENTATION

Mrs. K.M was a 26-year-old G2P1 who conceived the index pregnancy spontaneously with past medical history of elective caesarean section done in private hospital at 38 weeks, the indication was primigravida with inadequate pelvis assessment (contracted pelvis) and breech presentation, the fetal weight was 2000g but unfortunately no idea for state of the uterus in this operation. G2 is a current pregnancy, She booked the index pregnancy at 28 weeks gestation in our department and the antenatal period was uneventful with normal antenatal investigation, the obstetrical ultrasonod at 38 weeks reveal a single foetus in cephalic presentation with estimated fetal weight of 2800g.

At 39 weeks elective caesarean section was done on account of contracted pelvis + past history cesarean section. And was delivered of a live female infant whose weight was 2900 g, apgar 10/10. We incidental found the thick Uterine septum that extends from fundus to the level of lower segment uterine incision was discovered after the delivery of the placenta (Figure 1 & 2) without others anomaly.

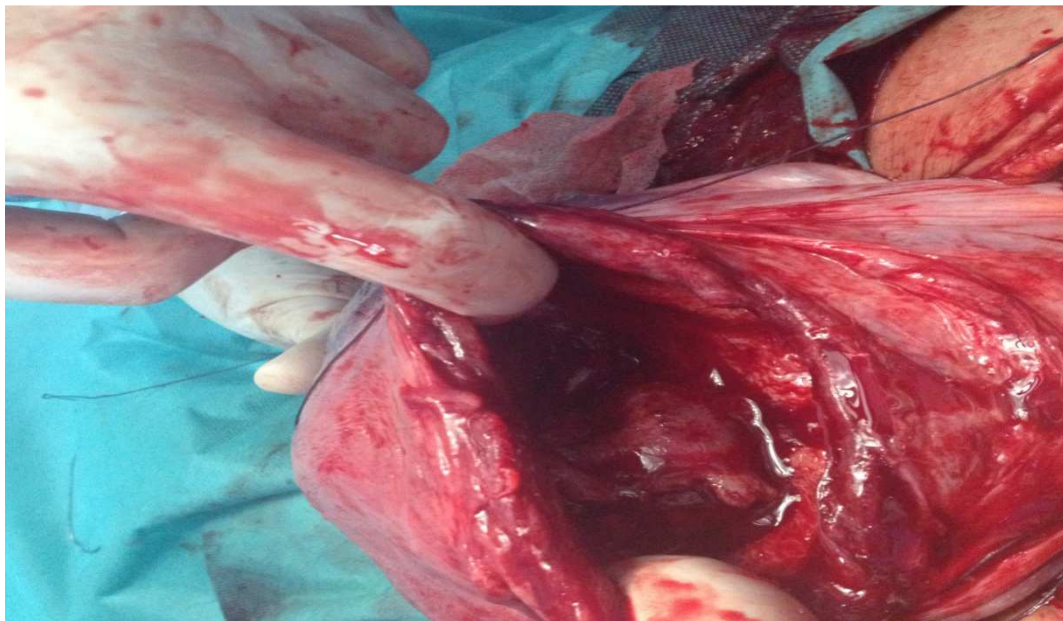


Fig. 1. shows thick uterine septum

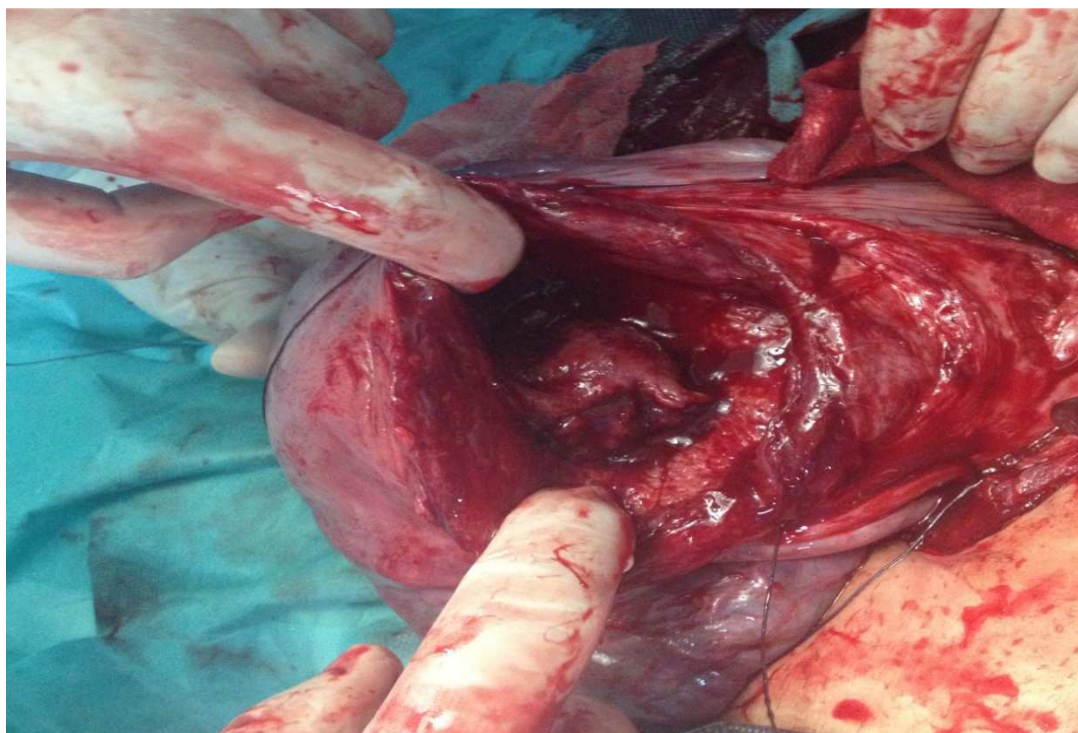


Fig. 2. shows thick uterine septum that extends to lower segment of uterus

DISCUSSION

Uterine septum is the known type of congenital uterine malformation, approximately with 80–90% of uterine malformations. It can be lead to infertility, miscarriage, abnormal fetal position, and premature birth [3]

Transvaginal 3-D ultrasonography appears to be extremely accurate for the diagnosis and classification of congenital uterine anomalies, more than office hysteroscopy and MRI, thus 3-D ultrasonography may become the only mandatory step in the assessment of the uterine cavity in patients with a suspected septate or bicornuate uterus, especially before planning

surgery. but during pregnancy 3-D ultrasonography remains the sole and reliable means of assessing the presence of these anomalies in pregnancy for safety reasons, a septate uterus appears as two cavities without the sagittal notching and without the fundal myometrium, also allows for urological assessment [2].

Theoretically it is possible that an asymmetrical distension of a septate uterine cavity during pregnancy would cause a force of torsion and consequently flexion of the uterus, the complaints of pain occurring at 28 weeks of amenorrhea may be explained by overstretching of the uterine wall [5].

Physiopathology include the miscellaneous group of anomalies that result from the abnormal formation, incomplete fusion, or arrested development of mesonephric ducts, although frequently asymptomatic, these anomalies have been linked to sterility and infertility as well as various gynecologic problems, an increased incidence of spontaneous abortion in the first and second trimester, preterm labor, placental abruption, and fetal death has been reported among women with uterine malformations, because those adverse outcomes are all thought to be related to an abnormal uterine cavity or an anomalous uterine vascularization [6].

Some researchers advocate that surgical treatment should be given to all women with septate uterus, including those who have and those who do not have a history of repeated adverse reproductive outcomes, because septate uterus is associated with poor reproductive outcomes, surgical correction is thus a prophylactic procedure to reduce the high incidence of spontaneous abortion and pregnancy complications, hysteroscopic metroplasty is considered the gold standard for the management of septate uterus. It is a relatively simple and safe approach that can reduce the rates of pregnancy complications, many uncontrolled studies have reported that there is a significant reduction in the risk of spontaneous abortion and preterm birth after a hysteroscopic resection [7]. It seems that cervical cerclage is an effective procedure in septate uterus for the prevention of preterm delivery, but it has no effect on the outcome of pregnancy in arcuate uterus [8].

The caesarean section is the norm when there is a uterine septum extending to the lower segment [2].

CONCLUSION

Congenital uterine malformations are relatively asymptomatic and may manifest as gynecological disorders or affect reproduction. Each clinician should search for malformation utero-vaginal in the presence of primary amenorrhea, abdominal pain, repetition miscarriage and some unfavorable obstetrical outcomes. The psychological treatment can be required for some patients. This kind of malformation is very rare but it is important to make the diagnosis by ultrasound in order to manage the situation preventively to allow the extraction of the fetus in good conditions before any complication.

COMPETING INTERESTS

The authors declare no competing interests.

AUTHORS' CONTRIBUTIONS

All authors read and approved the final manuscript.

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