

Title: FULL TERM PREGNANCY IN BICORNUATE UTERUS : A CASE REPORT



INTRODUCTION

- Uterine malformations are seen in about 7%-10% of women in the general population and bicornuate uterus accounts for approx. 10% of the mullerian anomalies[1]
- Uterine malformations should be suspected in patients with recurrent miscarriages and malpresentations [2]. About 15%-25% of women with uterine anomalies encounter difficulties with fertility and reproduction [3]. These patients typically have increased incidence of miscarriage (25%), preterm birth (15%-25%), or cervical insufficiency (38%) [4]. Other outcomes include poor fetal growth, malpresentations, and abnormal placental and ectopic pregnancies [3,4]. However, although less common, some pregnancies may be carried to term [4].

CASE DISCUSSION

A 21 year old women G3P1A1D1 with bicornuate uterus who had a viable pregnancy in right uterine horn admitted for safe confinement at 31 weeks POG. She had a history of 1 abortion and 1 preterm delivery at 26weeks. However, previous obstetric scans that were reported as normal USG. A routine ultrasound revealed a **bicornuate uterus**.

On admission, Routine investigations were done. Fetal heart sound was heard on doppler. USG FWB AND COLOUR DOPPLER was normal. Close monitoring for preterm labor, intrauterine growth restriction (IUGR), or malpresentation advised. Later, The patient went into spontaneous labor at **37 weeks**. The baby was in the **cephalic presentation**. A **vaginal delivery** was successfully achieved, with no fetal distress or complications . The newborn had no birth defects and was discharged with the mother in good health.



CONCLUSION AND DISCUSSION

- Full-term pregnancies in bicornuate uterus are rare but can result in favorable outcomes with careful management.
- Women with a bicornuate uterus should be monitored for possible complications such as preterm birth, fetal malposition, and placenta previa.
- Cesarean section may be required depending on fetal presentation, but many patients can have vaginal deliveries if fetal positioning is normal
- Diagnosis of bicornuate uterus requires radiologic diagnostic modalities like ultrasound, magnetic resonance imaging (MRI), Hysterosalpingogram (HSG), and saline sonohysterography for an accurate diagnosis

REFERENCES

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