

# A CASE REPORT OF COMPLETE SEPTATE UTERUS WITH LONGITUDINAL VAGINAL SEPTUM: A RARE CONGENITAL ANOMALY





Poster Number - EP 134

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### INTRODUCTION

Mullerian duct anomalies (MDAs) are congenital defects of the female genital system that arise from abnormal embryological development of the Mullerian ducts. The classification of uterine anomalies divides the septate uterus into partial or complete septate groups if the septum approaches the internal os.1Complete Septate uterus with longitudinal vaginal septum (**Figure-1**) is a rare variant of mullerian anomaly. The incidence of congenital uterine anomalies in the general population is estimated to be 0.001%-10%.2The septate uterus is seen in 35%-55% of all Mullerian duct (MD) anomalies (MDA).3

#### **CASE REPORT**

A 34 year old female came with Secondary infertility and suspicious utero-vaginal anomaly. She has a regular menstrual flow with no complains of dysmenorrhea. She conceived two year back but had spontaneous abortion at around 7 weeks. Pelvic Examination revealed a longitudinal vaginal septum. (Figure-2). Ultrasonographic examination (Figure-4) and MRI PELVIS (Figure-5) shows Complete septate uterus with a complete division of upper 2/3rd vagina by a septum of length 5cm. Diagnostic hysteroscopic laparoscopy with septal resection (Figure-6) was performed for evaluation and correction of uterovaginal anomaly.



Figure-1



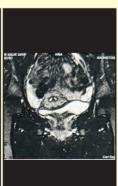
Figure-2



Figure-3



Figure-4





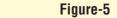


Figure-6

#### DISCUSSION

Septate uterus is considered a type of uterine duplication anomaly. It results from partial or complete failure of resorption of the uterovaginal septum after the fusion of paramesonephric ducts. The genital tracts begin forming by five weeks gestation and are completed by 16-20 weeks gestation. The process of fusion of MDs occurs simultaneously in the cranial and the caudal directions starting from the isthmus of the uterus. Thus failure of fusion and resorption of the MDs results in the formation of MDA with a complete septum, a duplicated cervix (Figure-3), and a transverse vaginal septum.

# CONCLUSION

The reproductive outcome has been shown to improve after resection of the septum with reported decrease in the spontaneous abortion rate after hysteroscopic septal resection and unification of the endometrial cavity. Szymansky et al., reported that women with infertility after septum resection have an increased pregnancy rate.4 In a literature survey, miscarriage and preterm delivery rates prior to septum resection were 88% and 9% respectively, and the live birth rate was only 3%. After septum resection, these rates were 14%, 6% and 80% respectively.5,6

# Acknowledgement

I gratefully thank AICOG 2025 for providing a medium to present a case report. I also thank Dr Archana sharma maam as Gynecologist Professor at PIMS hospital whose treating this patient. None of the authors had conflict of interest.

# References

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