JOGECA 2016; 28(1): 18-19

Term pregnancy in breech presentation in a unicornuate uterus: a case report

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Abstract

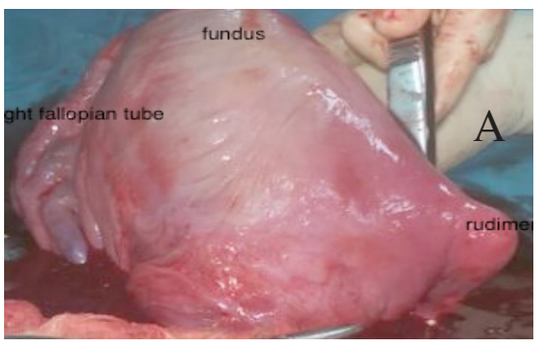
Mullerian anomalies are rare and are associated with poor reproductive outcomes such as pregnancy wastage, preterm birth and malpresentation. This is a case report of an eighteen-year-old woman who presented at 38 weeks gestation in labour with the fetus in breech presentation. A caesarean section was performed, intraoperatively she was found to have a unicornuate uterus with a rudimentary horn. Term pregnancies are possible in patients with mullerian anomalies, however they should be considered high-risk pregnancies with close follow-up and management individualized.

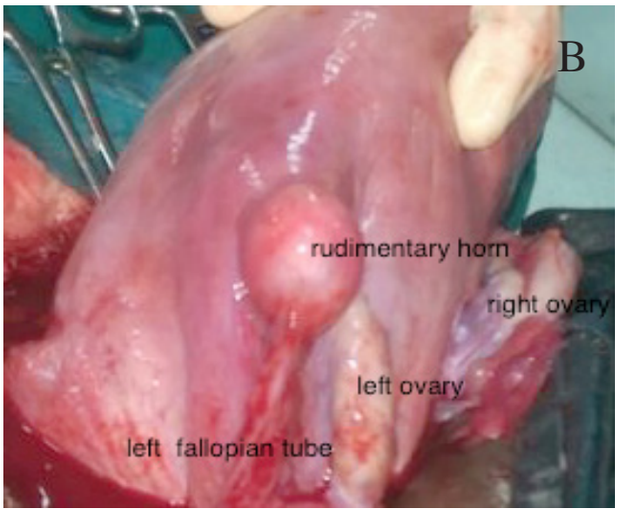
Introduction

The mullerian ducts give rise to the female genital tract, comprising of the fallopian tubes, uterus, cervix and upper two-thirds of the vagina. Congenital uterine anomalies result from an abnormal formation, fusion or reabsorption of Müllerian ducts during fetal life. These anomalies are present in 1 to 10% of the unselected population, 2 to 8% of infertile women and 5 to 30% of women with a history of miscarriages (1). A full term pregnancy in a unicornuate uterus is rare.

Case report

An eighteen-year-old woman presented at 39 weeks gestation with complaints of labour pains. She had had a poor prenatal follow-up. With no obstetric scan and no delivery plan in place. Her gynaecological history was unremarkable. Menarche was at 13 years, she reported irregular menses and had no history of dysmenorrhea or chronic pelvic pain. On examination, her vital signs were within normal. On abdominal examination, symphysio-fundal height was 40cm, however her uterus was noted to be angled to one side and fetal lie was longitudinal lie with breech presentation. On pelvic exam the cervix was found to be three centimeters dilated. A caesarean section was prescribed as per the institutional policy. Intraoperatively, she was found to have a unicornuate uterus, with a rudimentary horn, with normal fallopian tubes and ovaries bilaterally. No other anomalies were noted.





A caesarean section was performed with a lower uterine segment incision, with breech extraction of a live male fetus with a birth weight of 3100 grams and an Apgar score of 10 at 5-minutes. Post-operatively the patient did well. She was advised on the intra-operative findings, possible impact on future fertility and pregnancy outcomes. She was also advised on the risk of ectopic in the rudimentary horn. She was reluctant to consider a second surgery for removal of the rudimentary horn. She was discharged on the third post-operative day. On follow-up two weeks later, the incision had healed and both mother and baby were doing well.

Discussion

A unicornuate uterus is present in 0.1% of the unselected population. The reproductive performance of women with unicornuate uterus is poor, with a live birth rate of only 29.2%, prematurity rate of 44%, and an ectopic pregnancy rate of 4%, malpresenatation rate 52%, intra-uterine growth restriction (2). A unicornuate

uterus is a type IV mullerian anomaly resulting from unilateral hypoplasia or agenesis that can be further sub classified into communicating, no cavity and no horn (3). A rudimentary horn with a unicornuate uterus results from failure of complete development of one of the Müllerian ducts associated with the incomplete fusion of the contralateral one. The rudimentary horn is non-communicating in majority of the cases. Whereas pregnancy in non-communicating rudimentary horn is possible by transperineal migration of sperm or fertilized ovum, there is a high risk of uterine rupture approximately 50 to 90%, with most ruptures (approximately 80%) occurring by the end of the second trimester (4). Management of women with unicornuate uterus involves resection of the rudimentary horn, due to the risk of ectopic pregnancy, and closer monitoring during pregnancy due to the risk of preterm birth (5).

The reproductive outcomes of women with mullerian anomalies are poor, and thus should be considered high-risk pregnancy with close follow-up. This case demonstrates, that term pregnancies are possible and a high index of suspicion is required during the ante-natal period, so that these patients can be closely followed up to prevent adverse outcomes.

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