Recurrent Breech Presentation Due to Congenital Uterine Malformation

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Abstract
A case of reccurrent breech presentation apparently due to a congenital malformation of the uterus is presented. Unicornuate uterus is relatively rare and may not be discovered unless appropriate investigations are done or the patient undergoes laparotomy for any reason. This case is reported to draw attention to a high level of suspicion of this condition in cases of recurrent breech presentations.

Introduction

Malformations of the uterus occur in clinical practice. They are usually fusion anomalies of the Mullerian duct. Uterus unicornis is an extremely rare type. Fetal malpresentations, urogenital tract and sacral skeletal bone anomalies are usually associated with agenesis of the Mullerian duct system [1]

Case Report

Mrs. E.A. was a 29 year old Gravida 4, para 1+2 booked at a gestational age of 20 weeks. She had previously had two spontaneous abortions at gestational ages less than six weeks without any complications. Her last delivery was by caesarean section for breech presentation in a nulliparous patient. The index pregnancy proceeded uneventfully until the 30th week of gestation when the fetal presentation was found to be breech. Ultrasound assessments revealed a grossly normal fetus and a posterior corporeal placenta. This malpresentation persisted till term when the patient was counselled and she agreed to be delivered by elective caesarean section.

At the operation, the uterus was oblong in shape; the left fallopian tube and ovary were seen and normally situated. The right cornual end of the uterus was rounded with no fallopian tube or ovary attached. On further inspection, a rudimentary right ovary and fallopian tube were found attached to the anterior abdominal wall around the internal inguinal ring. The left kidney was identified by palpation. The right kidney was not found. A live female baby weighing 2.9kg was delivered. The post operative period was uneventful. The mother and baby were discharged home on the fifth post operative day.

Discussion

The uterus develops from the fusion of two Mullerian ducts *in-utero*. Selective proliferation and atresia will occur in the upper and lower poles as well as the medial parts to form the fallopian tubes, the cavity and the cervical portions [2]. This process may occur in varying degrees when the cornual portions of the Mullerian ducts remain prominent or the intervening septum remains wholly or in parts; an arcuate, bicornuate, septate or subseptate uterus may occur. Uterus didelphys results when proliferation of the two Mullerian ducts occurs without concomitant midline fusion. Uterus unicornis occurs when only one of the Mullerian ducts develops. The other remains to assume a rudimentary horn. This horn though easily overlooked, is usually present [3].

Successful pregnancy is even a rarer occurrence in these cases [3, 4]. Most minor degrees of uterine anomaly will give no clinical sign or symptom. The external uterine shape may be normal [5]. Dysmenorrhoea, endometriosis and chronic pelvic pain may sometimes occur especially when the rudimentary horn retains communication with the well developed hemi uterus. Pregnancy may occur in a rudimentary horn mimicking an extra uterine cyesis with disastrous consequences, due to the attendant difficulty in diagnosis and occurrence of increased haemorrhage [3]. The reproductive performance in women with uterine anomalies is characteristically associated with a higher frequency of abortions, ectopic pregnancy, preterm births, malpresentations, fetal growth restriction, dysfunctional labours and operative deliveries [2, 4].

The patient reported had a recurrent breech presentation which necessitated an elective caesarean section. An X-ray pelvimetry done in her first pregnancy did not detect any sacral bone anomaly, which may be associated with uterine fusion anomaly [1]. The implications of these operative findings were carefully explained to the patient. The possibility of uterine malformations should be considered in cases of recurrent breech presentations.

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