

# A Case of Pregnancy with Bicornuate Unicollis Uterus and Rh Negative Pregnancy

Dr. Saloni Agrawal

PGT 2<sup>nd</sup> Year, Department of Obstetrics and Gynaecology, KMCH

**Abstract:** ***Introduction:** Bicornuate uterus can lead to early miscarriages, preterm labor, foetal growth retardation and congenital malformations. The presence of foetal RhD positive cells in mother's circulation can cause a mother who is RhD Negative to mount an immune response. **Case Study:** An unbooked case of, 25 - year - old primigravida with 8 and half months of amenorrhoea who presented in obstetrics casualty with chief complaints of pain abdomen and decreased foetal movement since 6 hours. **Discussion:** Bicornuate uterus has an irregular shape of uterus which affect childbirth. Rh isoimmunisation pregnancies are now rare owing to the administration of anti - D after delivery, after abortion and also prophylactic anti - D around 28 weeks of pregnancy.*

**Keywords:** Rh Negative Pregnancy, Bicornuate Uterus, Unicollis, Alloimmunization

## 1. Introduction

A bicornuate uterus is a sort of uterine duplication inconsistency. It is class IV of Mullerian conduit anomaly. Bicornuate uterus can lead to early miscarriages, preterm labor, foetal growth retardation and congenital malformations. The incidence of congenital uterine anomalies in a fertile population is 3.2%, 90% of which are septate uterus and another 5% each are bicornuate uterus and uterus didelphys.

Human blood is classified according to two main systems the ABO system and the Rhesus (Rh) system. People with Rhesus D (RhD) antigen on their red blood cells are said to be RhD positive, whereas those who do not are said to be RhD Negative. The presence of foetal RhD positive cells in mother's circulation can cause a mother who is RhD Negative to mount an immune response producing a template for the production of antibodies as well as small amounts of antibodies against the RhD antigen (anti - D antibodies). This process is called sensitization or alloimmunization.

### Aim

To present a case of pregnancy with Bicornuate Unicollis Uterus and Rh Negative Pregnancy.

### Setting

Department of Obstetrics and Gynaecology, Katihar Medical College, Katihar, Bihar.

## 2. Case Summary

An unbooked case of, 25 - year - old primigravida with 8 and half months of amenorrhoea who presented in obstetrics casualty with chief complaints of pain abdomen and decreased fetal movement since 6 hours. The patient received one antenatal check - up during first trimester of pregnancy in which she was diagnosed with bicornuate uterus.

### On Examination

B/P - 110/80 mm hg  
P/R - 98 bpm  
Temp - 98 F

Pallor - +

No icterus, cyanosis, clubbing, lymphadenopathy

Per Abdomen

Fundal height - uterus 32 - 34 weeks size

Head - not engaged

FSH - fetal heart was found to be decelerating

Per Vaginum - os closed

Immediately preliminary investigation and USG was done.

### Investigation

Hb - 9.8 mg/dl

Platelet - 1.8/ cmm

ABORh - B Negative

HIV - NR

HbsAg - NR

Anti HCV - NR

RBS - 96 mg/dl

Urea - 28

Creatinine - 0.7

Serum Bilirubin -

Total - 1.2

Direct - 0.5

Indirect - 0.4

S. G. O. T - 48

S. G. P. T - 52

TLC - 11,000

**USG (first trimester)** – FS/O Bicornuate uterus with single gestational sac corresponding to 7 weeks, 4 days in right uterine horn. Two uterine horn seen with single gestational sac.

**USG (present)** - A single live intrauterine foetus with breech presentation at the time of scan corresponding to 35 weeks, 1 day, placenta anterior. Liquor adequate.

### Operative Procedure

After all preliminary investigation patient was taken for emergency caesarean section. Under S/A with aseptic and antiseptic precaution patient was laid in supine position. Abdomen was painted & draped. A transverse incision was given 2.5cm above pubic symphysis. Abdomen was opened in layers. Two horns of the bicornuate uterus was visible. Right horn was bigger in size containing the foetus while the

left horn was globular and smaller in size and deviated posteriorly. Loose UV fold was dissected on the right horn of the uterus & bladder was pushed down. A nick was given over uterus. A single live female baby was delivered on 05/12/22 at 7: 30 pm. Early cord clamping done and cord was cut. Placenta and its membrane was taken out completely. Uterine cavity was explored. Uterus was repaired in 2 layers. Haemostasis was achieved. Betadine vaginal toileting was done. 4 tablets of Misoprostol were given per rectally. Cord blood sample was taken and sent to the laboratory for blood grouping and Rh typing.

#### Post - Operative Period

She was given injectable antibiotics. This period was uneventful and she was discharged on 8<sup>th</sup> post - operative day. She was given Inj. Anti D within 72 hrs of LSCS after knowing the baby's blood group to be O positive.

### 3. Discussion

A bicornuate uterus is the result of a defect in the fusion of the two Mullerian ducts. The degree of separation of the organ is variable. Bicornuate uterus has an irregular shape of uterus which affect childbirth. It also increases the risk of miscarriage in the later stages of pregnancy, can lead to early delivery of baby.

Rh isoimmunisation pregnancies are now rare owing to the administration of anti - D after delivery, after abortion and also prophylactic anti - D around 28 weeks of pregnancy. The risk of alloimmunization during or immediately after a first pregnancy is about 1.5% in D alloimmunization, an

RhD negative pregnant women who is exposed to foetal D positive red cell is at risk for developing anti - D antibodies. Those diagnosed to have anti - D antibodies should be managed based on measurement of the maternal blood antibody titres and also Doppler ultrasonography of the foetal MCA.

### 4. Conclusion

This case demonstrates that a favourable outcome is possible in cases of Rhesus antibodies. It also suggests that woman with bicornuate uterus could have good reproductive prognosis without any intervention and also does not always lead to complications like miscarriage, growth retardation or preterm labour.

### References

- [1] D Prabu, T. Ramachandra Prasad, M Prabakaran, Bicornuate Unicornis Uterus with Gestation\_ A Rare Case Report, *J Res Med Dent Sci*, 2021, 9 (2): 226 - 228.
- [2] Jain D. Rh isoimmunised pregnancy managed noninvasively: A report of two cases. *Int J App Basic Med Res* 2017; 7: 73 - 6.
- [3] Simon C, Martinez L, Pardo F, Tortajada M, Pellicer A: Mullerian defects in women with normal reproductive outcome. *FertilSteril* 1991, 56 (Suppl 6): 1192 - 3119.
- [4] Acharya and Ahmed: A case of pregnancy with Rhesus antibody and bicornuate uterus - a favourable outcome: a case report. *Cases Journal* 2010 3: 50

