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Breech Presentations in a Bicornuate Uterus

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Abstract: ***Bicornuate uterus is a lateral fusion disorder of the mullerian ducts. While studies have reported successful deliveries in a bicornuate uterus, it might be accompanied by various complications ranging from preterm labour to uterine rupture. One such impediment to a good perinatal outcome in a patient with Bicornuate uterus is Breech presentation. In pregnancies with bicornuate uterus, malpresentations and malpositions occur in about 40-50% of them, with breech presentation being the commonest of them all. This is case of a 35yr old, multiparous woman (G5P2L1A2D1) with a bicornuate uterus and a past history of Breech presentation in her first pregnancy for which an elective caesarean section was performed. The patient was booked and immunised at Sree Balaji Medical College and attended all her antenatal visits regularly from 9 weeks. A detailed anomaly scan was done at 20 weeks and all gross anomalies were ruled out. From 28 weeks, the foetus presented in breech and continued to remain in breech till delivery. At 35 weeks, patient came in with signs of early labour. An emergency caesarean section was performed in view of Previous LSCS in labour with Breech presentation and an alive preterm male baby was delivered. According to results a successful delivery could be achieved in patients with bicornuate uterus with careful monitoring, anticipation and early identification of complications and timely management.***

Keywords: Breech, Bicornuate uterus, uterus

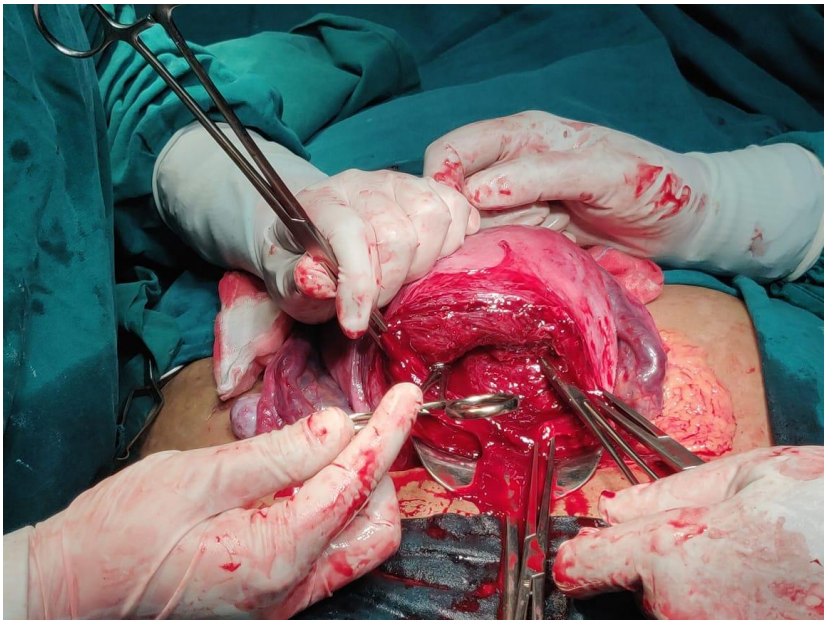
1. Introduction

The human uterus is of Paramesonephric in origin. Any degree of failure of fusion of Mullerian ducts or subsequent failure of resorption of tissue results in spectrum of clinical manifestations. Bicornuate uterus is a condition of lateral fusion defect causing two hemi uteri and cervices. It is a rare uterine anomaly and according to an estimate, it occurs in 0.1%-0.5% healthy fertile population. Although bicornuate uterus is associated with successful pregnancy these malformations are associated with miscarriage, premature labour, premature rupture of the membranes, and malpresentations..

2. Case Report

A 35yr old, multiparous woman (G5P2L1A2D1) with a bicornuate uterus came to the OBG OPD following at 45 days of amenorrhoea and a positive UPT. Her first delivery was a caesareansection at term done 8 yrs ago, for persistent breech presentation at Government Ranchi Hospital. Intraoperatively patient was diagnosed with bicornuate uterus. Second was a preterm vaginal delivery at 28 weeks, baby died at Day 7 of life due to respiratory distress. Third and fourth pregnancies were spontaneous abortion at 8 weeks of gestation with inter pregnancy interval of 1 year. Medical management of abortion was done for both pregnancies. Current pregnancy, dating scan done at SBMCH showed a single live intra uterine gestation corresponding to 9 weeks. From 9 weeks, the patient was given progesterone supplementation. Patient attended her antenatal check up regularly and was monitored very diligently. A detailed anomaly scan was done at 20 weeks and all gross anomalies were ruled out. From 28 weeks, the foetus presented in breech and continued to remain in breech till delivery. At 35 weeks, patient came in with signs of early labour. An emergency LSCS was done in view of Previous LSCS with breech presentation and in early labour.

INTRA OP FINDINGS: Bicornuate uterus with pregnancy in the right horn. Lower uterine segment thinned out. Clear liquor drained and an alive preterm Male baby was delivered. Post operatively patient did not develop any complications and was discharged on POD 7. Patient was advised usage of barrier method of contraception till interval sterilisation.



3. Discussion

Uterine abnormalities are the result of Mullerian or paramesonephric duct anomalies or disturbances at the time of fusion or development. Bicornuate uterus is a congenital uterine anomaly that results from defective lateral fusion of the paramesonephric ducts at about the 10th week of intrauterine life around the fundus.

The incidence of uterine malformations in general population is estimated to be 5-10% in women with poor reproductive outcome. Precise diagnosis requires diagnostic modalities like ultrasonography, Magnetic Resonance Imaging, Hysterosalpingogram, Hysteroscopy and Laparoscopy. In patients with recurrent miscarriages and malpresentations uterine malformations should be suspected. Bicornuate uterus is a unification defect of the Mullerian ducts, and is estimated to represent 10% of Mullerian duct anomalies. Bicornuate uterus may be asymptomatic and may remain undiagnosed until abdominal surgeries (Hysterectomy or Caesarean sections) One of the first diagnostic clues for the diagnosis of uterine anomalies is the occurrence of obstetrical complications. Women with bicornuate uterus may experience a successful pregnancy outcome, but are still at risk of obstetric complications such as malpresentations, preterm rupture of membranes, intra uterine growth restrictions, recurrent pregnancy loss, preterm delivery.

4. Conclusion

Uterine abnormalities are accompanied with uneventful outcomes such as preterm labour, fetal malpresentations, and even increased perinatal mortality. The goal for every obstetrician is to address the maternal risks and provide women with support during their pregnancy for a good maternal and perinatal outcome. In the present report it is quite evident that the complications possibly resulted from the uterine anomaly (Bicornuate Uterus). Early identification and correction of this anomaly would have possibly resulted in the avoidance of miscarriages, preterm delivery and perinatal mortality.

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