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*Case Report:*

# Twin Pregnancy in a Woman with Uterus Didelphys

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**Abstract:**
Uterus didelphys is one of the congenital uterine anomalies due to defective medial fusion of mullerian ducts. This anomaly is known to have poor reproductive outcome and women with this condition often have to be treated for infertility. Multiple gestation is rare with this condition. An 18 years old primigravida presenting with threatened abortion at eight weeks, was found to have uterus didelphys. She was managed conservatively, aborted one of the fetuses at 16weeks of gestation, and went till term to deliver a healthy baby by cesarean section.
**Key Words:** Uterus didelphys; Congenital uterine anomaly; Twin pregnancy

**Introduction:**
Complete failure of medial fusion of the two mullerian ducts may result in duplication of uterus and cervix with single or double vagina. Often uterus didelphys remains asymptomatic and hence undetected. So the exact incidence of this uterine anomaly is not known. Women with uterus didelphys more frequently require infertility treatment than women with other uterine anomalies (1) and multiple gestation is unusual in women with this condition.(2)

**Case Report:**
On 12.3.2010, an eighteen year old primi gravida attended the Obstetrics outpatients department of our hospital with the complaint of two months amenorrhoea and bleeding per vagina for one day. She was married for a year and had received no treatment for infertility.
On examination, her vitals were all stable. Vaginal examination revealed a longitudinal septum with a cervix at the cephalic end of each vaginal half. (Fig 1) On speculum examination, the os was closed in both the cervices and very scanty uterine bleeding was seen. Bimanual examination was withheld in the light of threatened abortion. She was admitted promptly and advised rest. Investigations revealed the following: Hemoglobin-8.1gm %, ESR- 46mm/1$^{st}$ hour, total leucocyte count-6900/mm$^3$, differential leucocyte count-$N_{68}L_{22}M_4E_6B_0$, random plasma glucose- 68mg/dl. Ultrasonography revealed a double uterus with two gestational sacs and a live fetal pole in each sac. (Fig 2) The fetal maturity corresponded with 8 weeks of gestation. Uterus didelphys with twin gestation was diagnosed and the patient was discharged after a week with advice to attend the antenatal clinic every month. She was put on natural micronized progesterone 300µg vaginal suppository and folic acid tablets, 5mg daily.

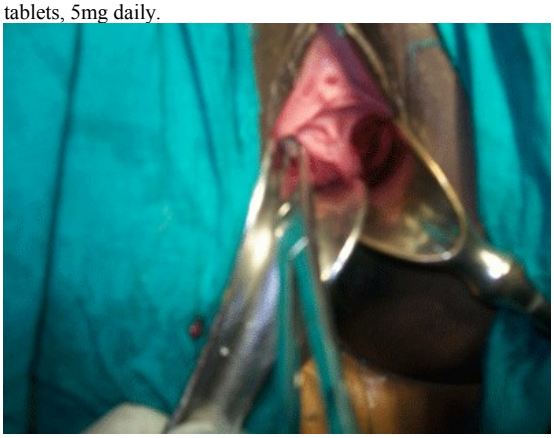

**Fig 1: Speculum examination reveals a double vagina with two cervices (the right cervix is partly visible)**


**Fig 2: Transabdominal scan showing double uterus with a gestational sac (GS1 and GS2) in each half**

On 20.5.2010, she was admitted again in gynaecological emergency ward with severe bleeding per vagina and expulsion of a fetus at home. Internal examination confirmed the diagnosis of incomplete abortion in the left hemiuterus. An exploration under anaesthesia was done on the same day to arrest bleeding. Two units of blood were transfused. She was discharged after two days and was followed up closely in the antenatal clinic. On 20.9.2010, she developed rupture of membranes and gave birth to a 2.45 kg term baby by cesarean section

**Discussion:**

Although the true prevalence of congenital uterine anomalies in the population is unknown, it is known to vary from 0.1% to 10%. In one study, the 24.2% of the women with uterine anomalies had uterus didelphys.(1) Congenital uterine anomalies are associated with the highest incidence of reproductive failure and obstetric complications. Authors are not unanimous in predicting the obstetric outcome of uterus didelphys. According to some, women with this form of congenital anomaly required infertility treatment more frequently than women with other uterine anomalies.(1) and the overall reproductive performance of uterus didelphys is poor.(3)

Others feel that didelphic uterus offers the best chance for a successful pregnancy(57%) (4) with a fetal survival rate as high as 64%.(5)

Multifetal gestation is rare in women with uterus didelphys.(2) It has been reported in the literature. But the preferred route of termination of pregnancy in these patients is not clear. Spontaneous vaginal delivery as well as cesarean section at term has been reported.(6-10) There has also been a triplet pregnancy with uterus didelphys with 72 days lapse between the delivery of the first two fetuses and the third.(6)

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