

Pregnancy completed on A uterus pseudo unicorn: To about of one case

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Abstract

The incidence of uterine malformations is estimated in the general population between 0.1 and 3%. The occurrence of pregnancy in case of Uterine malformation is a potentially high obstetrical risk situation. We describe a rare case of a pregnancy carried to term on a pseudo unicorn uterus diagnosed during an infertility assessment with rudimentary horn resection by laparoscopy, preventing thus the major risk of uterine rupture. The evolution was favorable until 37 WA when the patient was scheduled for caesarean section prophylactic.

Keywords: rudimentary horn, uterine rupture, pregnancy, uterine malformation

Introduction

The prevalence of congenital uterine anomalies is estimated at 2 to 4% in fertile women, and could reach 10% in patients with primary infertility. The unicorn ate uterus is a uterine abnormality usually diagnosed by ultrasound or hysterosalpingography. Pregnancy on rudimentary uterine horn of a pseudo-uterus unicorn is a rare event, difficult to diagnose, which can be revealed in an acute mode secondary to uterine rupture, then putting in game the prognosis fetal and maternal vital. We report the case of a pregnancy brought to term on a pseudo uterus unicorn diagnosed and treated by resection of the rudimentary horn before pregnancy.

Patient and observation

This is a 33-year-old patient, primiparous, with the notion of primary infertility for 5 years, whose exploration objectified a bicornuate uterus with rudimentary cavity, which was resected laparoscopically 1 year before pregnancy. To present at obstetrical admission for prognosis of delivery after 36 weeks of amenorrhea. The examination found a patient in good general condition, normal colored conjunctiva, BMI 26, uterine height 30 cm. At the speculum: a single gravid cervix, no hydro rhea. On VT: long neck closed post, bag of waters intact, cephalic presentation. An ultrasound obstetrics

realized to objectified an evolving monofetal pregnancy with biometrics corresponding to the gestational age, amniotic fluid in normal quantity, incomplete signs of maturity. The patient was put on clinical and ultrasound observation with monitoring of fetal and maternal well-being for a week and control of signs of maturity. AT 37SA, we to accomplish a caesarean section scheduled allowing extraction of a newborn male with a weight of birth 3300g. Exploration showed good local condition and good healing of the Horn uterine (Figure 1).



Fig 1: appearance of pseudo unicorn uterus after cesarean section

Discussion

Unicorn uteri account for 10% of uterine malformations [1]. Their incidence, although difficult to specify, is estimated at one per 1000 women. The occurrence of pregnancy in a horn uterine rudimentary East a situation rare of which incidence East assessed of 1/100 000 To 1/140 000 [2], And She results of there migration intraperitoneal of the sperm or of the fertilized oocyte. In 10% of cases the rudimentary horn communicates with the uterus unicorn [3] SO that THE horns rudimentary No communicating and with cavity represent 36% [1]. This cavity is sometimes lined with a functional endometrium, exposing to the risk placentation abnormalities [1, 4]. Heinonen observed, on a series of seven pregnancies implanted in there horn uterine rudimentary, the presence of three placentas accretes (43%) [1]. In OUR observation, there patient present A uterus pseudo unicorn with horn rudimentary No communicating. This uterine malformation corresponds to stage IIb of the classification of SFA (American Fertility Society) Figure 2. THE uterus pseudo- unicorns result from an arrest in the development of one of the two Müller's ducts before it reaches the urogenital sinus between the sixth and there ninth week of development embryonic: THE coast aplastic given SO birth to a horn uterine rudimentary. He East reported that there horn rudimentary East preferentially located on the right (62%) because the channel of Left Müller progresses more caudally than the right [5] as in the case of our patient.

THE anomalies of the urinary tree are frequently associated to this malformation uterine (38 %) And are dominated by THE unilateral renal agenesis always ipsilateral to the side of the blind horn [1]. This was not the case in our observation. In there literature, 9 case of pregnancies twins In A uterus unicorn have been published since 1945. Among these cases, we find 3 cases of twin pregnancy with 1 developed twin in each of the 2 hemi matrices. In one case, the pregnancy spontaneously arrested. In there horn rudimentary to 23 her so what to continue until 38SA In the uterus unicorn [8]. In THE second case, there horn rudimentary its broken to 19 HER catchy there loss of the 2 fetus [9]. In THE third case, THE first fetus to was extracted by caesarean at 28 HER and the second 8 j after, following the rupture of the uterine wall and the horn [10]. EJNES To describe for there first time THE case of one twin pregnancy with an embryo in a unicorn uterus and an embryo in a rudimentary horn maintained until 29 SA, with birth in out of all complication of 2 children living [11].

There complication major of these pregnancy East represented by the rupture of the rudimentary horn 90%, the most often at second quarter of there pregnancy, catchy An array of peritoneal flooding or even a state of maternal shock; this situation East encumbered of one mortality kindergarten estimated to 0.5% And A rate of rescue fetal of the order of 2% [5]. The treatment is based on fetal extraction and resection of the horn rudimentary and of there deceived ipsilateral, in order to of prevent THE risk of pregnancy tubal.

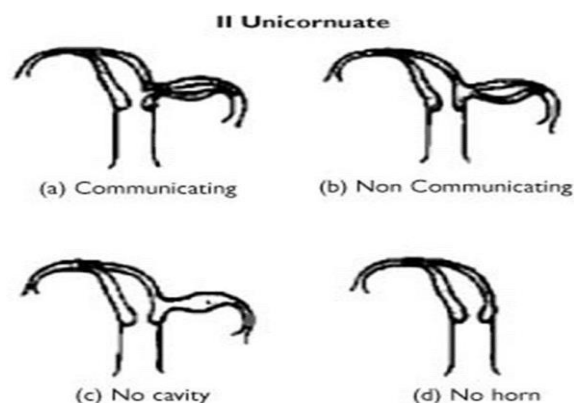


Fig 2: Classification AFS of the uterus unicorns

Conclusion

The presence of a pseudunicorn uterus with rudimentary horn No communicating East a source important of complications gynecologic-obstetrics. The prognosis of pregnancies associated with this malformation is usually unfavorable, hence the importance of ultrasound obstetrics of first quarter Who allow of TO DO the diagnosis of intrauterine pregnancy but also to check the absence of malformation uterine.

Conflicts interest

The authors born declare none conflict of interest.

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