Journal of Neonatal Surgery
ISSN(Online): 2226-0439
Vol. 14, Issue 23s (2025)
https://www.jneonatalsurg.com

OPEN ACCESS

Challenges Faced With Caesarean Section In A Bicornuate Uterus- A Case Report

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Cite this paper as: Aparna sarwade, Dr. Shivani Patel, Dr. Ramya Priya Pojala, Dr. Radhika Dhediya, Dr. Sreshtha Saha, (2025) Challenges Faced With Caesarean Section In A Bicornuate Uterus- A Case Report. *Journal of Neonatal Surgery*, 14 (23s), 35-38.

A type of Mullerian anomaly known as a bicornuate uterus is characterised by an incomplete fusion of mullerian ducts, which results in the formation of two uterine cavities. American society of Reproductive medicine 2021 has classified mullerian anomalies into seven types, out of which bicornuate uterus being 4th type is again subclassified into type A and B. 'A' being complete and 'B' being partial.

The frequency of congenital uterine malformation is approximately five percent in the general population, and the bicornuate being approximately ten percent of total. It is seen with 5-10% of patients with recurrent miscarriages.

The bicornuate uterus is associated with worse reproductive outcomes like recurrent abortions, preterm labour, intrauterine growth restrictions and malpresentations. (9) In most of the cases, patients are asymptomatic and are diagnosed during pregnancy. Pregnancy in a previously scarred bicornuate uterus has a possibility to be succeeded by the risk of abruption, uterine rupture, and foetal death. We present the instance of a patient who was successfully managed in this manner.

Keywords: *Menopause, Mental health, Hormonal fluctuations, Mood disorders, Anxiety, Depression.*

1. INTRODUCTION

A type of Mullerian anomaly known as a bicornuate uterus is characterised by an incomplete fusion of mullerian ducts, which results in the formation of two uterine cavities. American society of Reproductive medicine 2021 has classified mullerian anomalies into seven types, out of which bicornuate uterus being 4th type is again subclassified into type A and B. 'A' being complete and 'B' being partial.

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History:

An unregistered case of 31 years old female, third gravida with previous caesarean section, a known case of bicornuate uterus presented with frank leak per vaginally at 35 weeks of gestation. She had history of abortion about 3 years ago, at 10 weeks of gestation and an emergency caesarean section after premature rupture of membranes at 37 weeks of gestation. She came to know about her anomalous condition during the last pregnancy. She did not have any other co-morbidities, and had

regular ANC care at primary health care unit.

On examination, her vitals were stable. Vaginal examination on admission revealed a cervix to the right. Ultrasonography suggested single live intrauterine gestation in left horn of uterus, breech presentation, posterior placenta, adequate liquor with normal Doppler. Monthly follow up growth ultrasound confirmed normal growth interval of the foetus.

After thorough evaluation, she was given steroid for lung maturation and taken up for emergency caesarean section under spinal anaesthesia and with a Pfannenstiel incision.

On opening the abdomen, an enlarged, heart shaped uterus with >1 cm serosal indentation in the midline with previous intact scar was noted, suggestive of bicornuate uterus

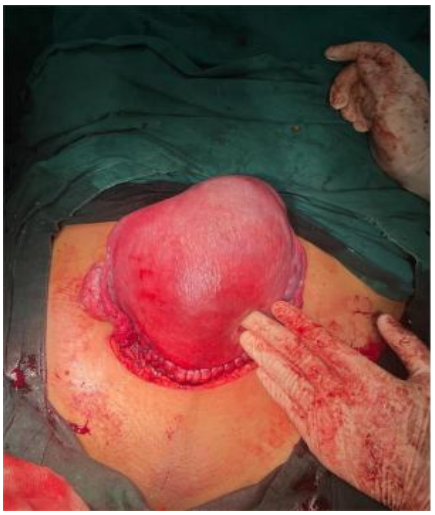

Figure 1:- heart shaped uterus suggestive of bicornuate uterus

A uterine incision was made in the previous LSCS scar, and the foetus was delivered safely. After delivery, a full length of uterine septum was confirmed without communication between the two uterine cavities. The surgery was uneventful. Baby was a female child with 2.4 kg with Apgar score of 7 and 8.

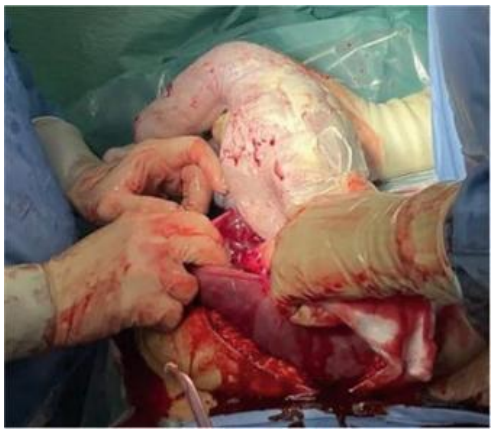

Figure 2: Intra operative image of breech presentation and delivery in bicornuate uterus

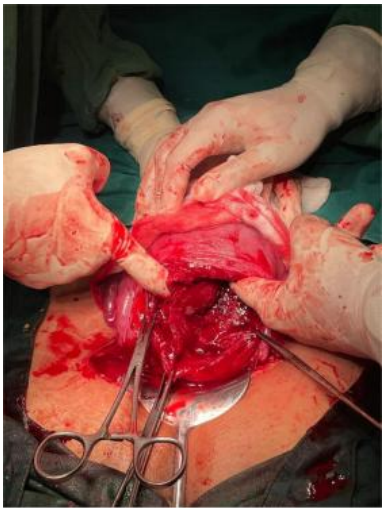

Figure 3: bicornuate uterus with septum

The patient had an uneventful postpartum course. She was counselled for her care to include PAP smear of both cervix and interval tubal ligation.

2. DISCUSSION

A bicornuate uterus is a rare uterine anomaly and it is essential to educate women who have been diagnosed regarding this condition. Conception is relatively common and many of them are asymptomatic, but it should be suspected in patients with recurrent abortions, preterm labour, intrauterine growth restrictions and malpresentations. According to studies, women with these anomalies do not have significant infertility but have low fertility outcomes as compared to normal uterus.

Sometimes this condition remains undiagnosed during the entire lifetime but in this patient, she was already a known case of bicornuate uterus who presented with one of its most common complications.

Achieving a successful outcome in such complicated and rare cases requires intense preparation and care intraoperatively, to ensure good maternal and foetal outcomes.

In this particular instance, the most significant challenges consist of a pregnancy with a poor obstetric history, a previous caesarean section and the possibility of complications occurring in the subsequent pregnancy. There is a higher probability of uterine rupture and complications, such as preterm labour, malpresentation, preterm premature rupture of membranes, infertility, subfertility, 2nd trimester abortions and retention of the head during removal.

At the time of presentation, the patient was already in labour. As a result of the previous caesarean operation, the most appropriate course of treatment for this patient was an emergency caesarean section. 3,5,6,8

It is essential for this patient to make use of contraception in order to avoid becoming pregnant in the future. Tubal sterilisation, intrauterine devices, and hormonal contraceptives (implant) are the types of contraceptive treatments that are most suitable for providing this patient with birth control.4, 7

Even while women who have complete bicornuate uteri, have a chance of having a successful pregnancy, they nevertheless run the risk of experiencing specific difficulties because of their condition. On the other hand, it appears to be essential for medical professionals to educate patients on the potential outcomes that may result from this illness. Therefore, in order to lower the rates of maternal and neonatal morbidity, we need to urge pregnant women to undergo normal antenatal care (ANC) in order to detect any health issues that may be connected with pregnancy.

In a case report by Suparman et al, (9) the patient had repeated breech presentation, and an irregular ANC checkups. Repeated malpresentation while examining should alert the surgeon of an underlying Mullerian anomaly.

3. CONCLUSION

A bicornuate uterus can indeed add a complication to the presenting pregnancy. How ever with the right information, care, treatment and management, we can successfully navigate their pregnancy and have a successful outcome.

REFERENCES

[1] Cunningham F, Leveno KJ, Bloom SL, Dashe JS, Hoffman BL, Casey BM, et al. Congenital genitourinary abnormalities. In: Williams Obstetrics (25th ed). New York: McGraw-Hill, 2018; p. 73-6.

[2] Ravikanth R. Bicornuate uterus with pregnancy. Journal of Basic and Clinical Reproductive Sciences. 2017;6(2):51-52.

[3] Eligar RC, Choukimath SM. Bicornuate [bicornis, unicollis] uterus, a congenital malformation associated with pathological lesions: A clinicopathological study of 4 rare cases. J Evol Med Dent Sci. 2014;3(17):4608-15.

[4] Behr SC, Courtier JL, Qayyum A. Imaging of Müllerian duct anomalies. Radiographics. 2012;32(6):E233-50.

[5] Aruna S, Yellayi AS, Rani GS. Bicornuate uterus with pregnancy: a case report and review of literature. Int J Sci Study. 2015;3(1):231-3.

[6] Madhavi D. Bicornuate uterus–a case report. Anat Physiol Journal. 2012;2(4):1-2.

[7] Tazinya AA, Feteh VF, Ngu RC, Bechem NN, Halle-Ekane GE. Term pregnancy in a bicornuate uterus: complications, diagnostic and therapeutic challenges in a low resource setting (Douala, Cameroon). International Journal of Medical and Pharmaceutical Case Reports. 2018;11(3):1-4. Doi: 10.9734/IJMPCR/2018/43964

[8] Souvizi B, Jafarzadeh Esfehani R. A case of successful pregnancy in a complete bicornuate uterus. Journal of Midwifery and Reproductive Health (JMRH). 2016;4(3):720-2

[9] Suparman E et al; Bicornuate Uterus with Previous C-Sections: A Case ReportJurnal Biomedik. 2021;13(3):334-337