BICORNUATE UTERUS WITH BILATERAL PREGNANCY PRESENTING AS THREATENED ABORTION

A Report on Two Cases

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Introduction

The incidence of congenital uterine abnormalities in association with pregnancy is uncommon [1]. Their detection on routine ultrasound, especially those presenting as bleeding per vaginum may be difficult, unless the sonologist is familiar with their appearance. We present two such cases of bicornuate uterus with pregnancies in both horns, one of whom conceived while on ovulation inducing drugs and the other spontaneously.

Case-1

A 26-year-old female G4P3 presented with bleeding per vaginum of two days duration. History revealed amenorrhea of 7 weeks. On clinical examination the uterus was bulky and the internal os was open. Transabdominal and transvaginal ultrasound revealed two gestational sacs, one in each horn of a bicornuate uterus (Fig-1). The sacs showed irregular margins, features of sac separation and the internal os was open. A diagnosis of inevitable abortion was made and she was taken up for dilatation and curettage. There was no history of any intake of ovulation inducing drugs.

Case-2

A 27-year-old nulligravida attending infertility clinics and on serial follicular monitoring conceived after intrauterine insemination. Earlier transabdominal ultrasound had revealed no remarkable abnormalities in the uterus or adnexa. After 6 weeks of conception she presented with bleeding per vaginum and was clinically diagnosed as threatened abortion. An urgent ultrasound was asked for and since the patient was on empty bladder, a direct transvaginal ultrasound was performed, which could only pick up a healthy gestational sac with a live foetus of 6 weeks gestation and a closed internal os.

Due to persistent bleeding per vaginum a repeat ultrasound a day later, via the transabdominal route revealed two gestational sacs-one in each horn of a previously undetected bicornuate uterus (Fig-2). The sac on the left side was empty and showed features of sac separation. In order to protect the healthy pregnancy a D & E was avoided and the abortion was allowed to complete spontaneously.

4 weeks later a repeat transabdominal ultrasound showed features of an incompetent os in the form of herniation of the mem-

branes and shortening of the cervical canal. An encircage was performed and the pregnancy continued normally till 34 weeks after which a healthy baby was delivered by caesarean section.

Fig. 1 : Transvaginal ultrasound coronal section reveals two empty gestational sacs in a bicornuate uterus.

Fig. 2 : Transabdominal ultrasound shows a bicornuate uterus with an abnormal gestational sac in the left horn and a healthy sac in the right horn.

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Discussion

The incidence of congenital abnormalities of the uterus in association with pregnancy range between 0.003% to 0.033% [1]. The commonest congenital abnormalities are bicornuate uterus, septate uterus and uterus didelphys with unicornuate uterus the least common (3%) of all malformations [2].

The incidence of spontaneous twin pregnancy in a bicornuate uterus has been estimated to be as low as 1 in 10,00,000 [3] and our first case belonged to this rare category. Whereas the incidence in patients on ovulation inducing drugs is much higher. Marcus et al, in a series of 24 patients with congenital uterine malformation who underwent In Vitro Fertilization-Embryo Transfer found that women with these abnormalities have multiple pregnancy rates similar to those of the general infertile population [4].

Among other complications there is a high incidence of spontaneous abortion in pregnancies associated with congenital uterine malformations thereby making them high risk pregnancies [2]. Sonographic detection of these pregnancies is important not only in their diagnosis but also in the management of these

pregnancies.

Persistence of signs and symptoms of an abortion despite the presence of a healthy gestational sac should alert the sonologist to the presence of a second pregnancy. This might be in an extrauterine location or as seen in our case, in the second horn of a bicornuate uterus. In these situations, and also in routine scanning, sonography by transabdominal route reveals a global view of the uterus and adnexa. It is therefore more likely to pick up a second gestational sac or a congenital abnormality than transvaginal sonography alone.

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