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Uterine Didelphys Pregnancy Management

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Author's contribution

The sole author designed, analyzed and interpreted and prepared the manuscript.

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ABSTRACT

Introduction: Didelphys uterus is a rare Mullerian duct abnormality, which affects 1-3 in 3000 women worldwide. It is usually asymptomatic. There are many patients with this condition in Saudi Arabia, and this compelled us to study this condition.

Aims: To describe the management and outcomes of pregnant women diagnosed with uterus didelphys.

Study Design: This is a multicenter prospective cohort study.

Place and Duration of Study: This study was conducted in Saudi Arabia in 4 cities; 8 hospitals over a period of five years.

Methodology: 286 patients were enrolled in this study, all diagnosed previously to have didelphys uterus, pregnant and willing to join, follow up and deliver in one of the research hospitals. Patients consented to join the search and every 2 weeks follow up and management was done accordingly.

Results: 15 (5.2%) patients aborted during the first half of the pregnancy. 139 (48.6%) patients had cervical cerclage done. 79 (27.6) patients had preterm labor which was managed conservatively. 231 (80.8%) patients delivered by cesarean section and 17 (5.9%) delivered spontaneous vaginal delivery. Added to that, 38 (13.3%) had operative vaginal delivery. 271 neonates delivered. Unfortunately, three (1.1%) had intrauterine fetal death (IUFD) at 30-32 weeks of gestational age due to multiple congenital anomalies. All remaining neonates were normal and healthy except 25 (9.2%) who were admitted to NICU for various causes, but eventually discharged in good condition.

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Conclusion: Antenatal care in patients with uterine didelphys is challenging, but given proper care, they can compete pregnancy with good neonatal outcome. Preterm labor and operative deliveries in the form of cesarean section and instrumental delivery were found to be high though.

Keywords: Cesarean; cervical cerclage; didelphys; Mullerian; preterm labor; vaginal septum.

1. INTRODUCTION

Didelphys uterus or double uterus is a rare condition due to the failure of fusion of Mullerian ducts. It affects one to three in 3000 women worldwide [1,2]. This condition is a congenital anomaly, which can be isolated but more frequently associated with vaginal anomalies including double vagina, septate vagina and semi-septate vagina. Moreover, this condition may be associated with renal or skeletal anomalies. Usually, each uterus is attached to ipsilateral tube and these patients have healthy ovaries [1-4].

At age of 6 weeks of fetal life Mullerian ducts develop and by the end of 9th week, they start the process of fusion in the middle part of the tube in caudal cephalic fashion leading to the formation of the uterus. If for any reason, this fusion disturbed, it leads to the formation of didelphys uterus [1,4-6].

Usually, patients of didelphys uterus have no symptoms, and it is discovered during investigation for recurrent abortion, or preterm labor [7-9]. Nevertheless, some patient may complaint dysmenorrhea or dyspareunia. This condition may be discovered during transvaginal ultrasound, hysteroscopy, hysterosalpingogram, abdominal laparoscopy and laparotomy [1,10,11].

This condition is associated with recurrent abortion, preterm labor and abnormal lie of the fetus [4,6,7]. Most of the pregnancies of women with didelphys uterus ends by cesarean section [4,8,9,11]. It was noticed that, there are many women with this abnormality present in obstetric practice and management of these patients differ from one health facility to another.

This research aims to describe the management and outcomes of pregnant women diagnosed with uterus didelphys.

2. METHODS

This is a multicenter prospective observational cohort study conducted in four cities in Saudi

Arabia and included eight major hospitals: In Holy city of Makkah, Maternity and children Hospital (MCH) and Hera'a Hospital, in Holy city of Madinah, Maternity and children Hospital (MCH) and Uhod Hospital, in Jeddah city, Mesadiah Maternity and children Hospital and North Jeddah Hospital, in Al-Baha area, King Fahad Hospital and Prince Meshari Hospital in Baljurashi.

This research was conducted over five years, started on first of February 2013 and ended in 31st of January 2018. Ethical approval was taken from the (Approval number 34-0012-678-10034) Saudi Ministry of Health Central Ethical Approval office governing all these government hospitals. All above-mentioned hospitals are government hospitals providing service to the patients free and are the main providers for Obstetrical and Gynecological services in above mentioned cities. The average number of deliveries in all above-mentioned hospitals is 50,000 thousand deliveries per annum and the average rate of cesarean sections is 24%.

The inclusion criteria included patients diagnosed with pregnancy with uterine didelphys, those willing to give written consent to participate, come for follow up as advised and ready to deliver in one of the hospitals included in study. If any of the above-mentioned conditions not met patient were excluded.

In first antenatal visit, patients came to perform first ultrasound and start the follow up in the clinic. If she is known or diagnosed to have didelphys uterus then she is offered to join the research and a written informed consent was taken. Two weekly follow up and management was done.

Outcomes included, incidence of didelphys uterus among the population of Saudis and non-Saudis (Saudi patients, represents the national population of the country, while Non-Saudis, represent people who are living in Saudi Arabia from any other origin and working, studying or living in the country), incidence of cervical cerclage, incidence of abortion among those patients, rate of preterm labor. Also, rate of

cesarean section among them and rate of vaginal and operative vaginal delivery among them, rate of admission to Neonatal Intensive Care Unit (NICU) for their neonates. Added to that, types of neonatal problems among infants of those mothers. Data presented as frequencies and percentages.

3. RESULTS

During the duration of this study 371345 patients were seen in the antenatal clinics and 243746 patients completed their follow up and delivered in participating hospitals. There were 286 patients diagnosed to have didelphys uterus, representing 0.12% of patients completed follow up and who delivered (Table 1).

There were 211 (73.8%) patients with didelphys uterus and single vagina, 72 (25.2%) patients with didelphys and double vagina and 3 (1%) patients with didelphys and incomplete vaginal septum (Table 2).

Fifteen (5.2%) patients aborted during the first half of the pregnancy. Hundred and thirty-nine (48.6%) patients had cervical cerclage done because of history of recurrent abortions before. Seventy-nine (27.6) patients had preterm labor pains, which was managed according to

guidelines. All delivered at term. While, 231 (80.8%) patients delivered by cesarean section and 17 (5.9%) delivered spontaneous vaginal delivery. Added to that, 38 (13.3%) had operative vaginal delivery (Table 3).

Regarding neonates, 271 neonates delivered. Unfortunately, 3 (1.1%) had intrauterine fetal death (IUFD) at 30-32 weeks gestational age with no obvious cause, but, when examined post-delivery, multiple congenital anomalies discovered in them (These, 3 patients missed there anomaly scans. Anomalies include cardiac and renal anomalies). All remaining neonates were normal and healthy except 25 (9.2%) admitted to NICU for various causes, but discharged eventually in good condition (Table 4).

4. DISCUSSION

Didelphys uterus is a rare mullerian duct anomaly which affects 0.03-0.1% of women in the fertile age group [1,2,4]. Usually, fertility of these patients preserved and it is considered better than patients of other mullerian duct anomalies [2,4,9]. These patients suffer from multiple fetal loss due to abortion or preterm labor [2,4,5]. They usually need special attention during antenatal care and delivery [2].

Table 1. Patient distribution during the study

	Saudis N (%)	Non-Saudis N (%)	Total N (%)
Patients seen in antenatal clinic	295622 (79.6%)	75723 (20.4%)	371345 (100%)
Patients completed follow up and delivery	215729 (88.5%)	28017 (11.5%)	243746 (100%)
Didelphys patients pregnancies	275 (96.2%)	11 (3.8%)	286 (100%)

Table 2. Distribution of patients according to type of anomaly

	Saudis N (%)	Non-Saudis N (%)	Total 286 N
Didelphys uterus and single vagina	205 (97.2%)	6 (2.8%)	211
Didelphys uterus and double vagina	67 (93.1%)	5 (6.9%)	72
Didelphys uterus and vaginal septum	3 (100%)	0	3

Table 3. Management during antenatal care and method of delivery

	Saudis N (%)	Non-Saudis N (%)	Total 286 N
Cervical cerclage	131 (94.2%)	8 (5.8%)	139
Preterm labor	76 (96.2%)	3 (3.8%)	79
Cesarean deliveries	223 (96.5%)	8 (3.5%)	231
Spontaneous vaginal delivery	17 (100%)	0	17
Forceps delivery	20 (100%)	0	20
Vacuum extraction delivery	18 (100%)	0	18

Table 4. Neonatal outcomes

	Saudis N (%)	Non-Saudis N (%)	Total 286 N
Lost as abortion	12 (80%)	3 (20%)	15
IUFD	2 (66.7%)	1 (33.3%)	3
Asphyxia at delivery	1 (100%)	0	1
Respiratory distress	3 (75%)	1 (25%)	4
Meconium aspiration	7 (53.8%)	6 (46.2%)	13
Sever prematurity	3 (42.9%)	4 (57.1%)	7

This is a multicenter multiracial prospective observational cohort, conduct over 5 years to study the best management method for pregnant women diagnosed with uterus didelphys. 286 women diagnosed to have didelphys uterus and pregnant joined the study, with a result of 268 babies born alive and discharged in good condition.

On literature review, this condition is associated with excellent results of the pregnancy, and this is can be seen in this study. Paying special care for these patients with close follow up paid off in this group of patients. This results agreeing with most of the studies in these women [3-11]. Only one large study was against all other studies including this study, and concluded that women with didelphys uterus has the highest rate of preterm delivery, spontaneous abortion, and the lowest rate of having a term delivery [2].

In this study, we found women with didelphys uterus have a chance of preterm delivery and may need cervical cerclage, but they have a good chance of completing the pregnancy to term.

5. CONCLUSION

Women with didelphys uterus are rare patients who needs special attention in antenatal care, but, have a good chance to compete pregnancy to the end and can deliver like any other normal patient with higher cesarean section rate.

Properly designed larger studies are needed for this group of women which focus on follow up, cost effectiveness and outcomes of their pregnancy.

CONSENT

As per international standard or university standard, patient's written consent has been collected and preserved by the author(s).

ETHICAL APPROVAL

As per international standard or university standard, written approval of Ethics committee has been collected and preserved by the author(s).

COMPETING INTERESTS

Author has declared that no competing interests exist.

REFERENCES

- Amesse L. Mullerian duct anomalies. MedScape; 2018. Available:<https://emedicine.medscape.com/article/273534-overview#a4>
- Raga F, Bauset C, Remohi J, Bonilla F Musoles, Simón C, Pellicer A. Reproductive impact of congenital Müllerian anomalies. Human Reproduction Update. 1997;12(10):2277-81. PMID: 9402295
- Grimbizis G, Camus M, Tarlatzis B, Bontis J, Devroey P. Clinical implications of uterine malformations and hysteroscopic treatment results. Human Reproduction Update. 2001;7(2):161-74. PMID: 11284660
- Jr JH. Pregnancy in uterus didelphys. American Journal of Obstetrics and Gynecology. 1941;41(5):885-9.
- Acién P. Reproductive performance of women with uterine malformations. Human Reproduction Update. 1993;8(1):122-6. PMID: 8458914.
- Altwerger G, Pritchard A, Black J, Sfakianaki A. Uterine didelphys and vaginal birth after cesarean delivery. Obstetrics & Gynecology. 2015;125(1): 157-9. PMID: 25560118 DOI: 10.1097/AOG.0000000000000505
- Magudapathi C. Uterus didelphys with longitudinal vaginal septum: Normal

- delivery. Journal of Medical Case Report. 2012;2(13):194-5.
DOI:10.4172/2165-7920.1000194
8. Maiti G, Tugnait P, Anand A, Garg S. Uterine didelphys with pregnancy and cervical incompetence. Medical Journal of Armed Forces India. 2006;62(2):200-1. PMID 27407898
 9. Maneschi I, Maneschi F, Parlato M, Fucà G, Incandela S. Reproductive performance in women with uterus didelphys. Acta Europaea Fertilitatis. 1989;20(3):121-4. PMID: 2624066
 10. Martínez-Beltrán M, Giménez, JP. Acién, Uterus didelphys with septate cervix and unilateral endometrial carcinoma: A case report. Journal of Genital System & Disorders. 2012;1(1):Article 1. DOI:10.4172/2325-9728.1000101
 11. Rezai S, Bisram P, Alcantara I, Upadhyay R, Lara C, Elmadjian M. didelphys uterus: A case report and review of the literature. Case Report in Obstetrics and Gynecology, 2015;865821. DOI:10.1155/2015/865821. PMID: 26435865.

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