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Bicornuate Bicollis Uterus Presenting as Heavy Mentrual Bleeding - A Case Report

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Abstract: Congenital anomaly of the uterus results from varying degree of failure of fusion of the mullerian ducts. Bicornuate uterus (BU) is a congenital uterine anomaly with a prevalence of 0.4% in the general population. We report a case of 35 years old p1L1 woman who had heavy mentrual bleeding since 3-4 years. Her USG showed bicornuate uterus with bilateral normal adnexa. Failing medical management total abdominal hysterectomy with left salpingoopherectomy was done. On cut section two separate uterine cavities with two cervical canal were seen.
Keywords: Bicornuate bicollis, Mullerian anomaly, heavy menstrual bleeding

INTRODUCTION

Congenital anomaly of the uterus results from varying degree of failure of fusion of the mullerian ducts [1]. Incidence of congenital uterine malformations is 0.1%-3%, of which incidence of bicornuate uterus is 25% [2, 3]. It is of two types:

Bicornuate bicollis: two uterine horns with two cervical canal respectively.
Bicornuate unicollis: two uterine horns with single cervical canal.

The true incidence of these congenital anomalies might be understated as many of the women with the anomaly go through their reproductive carrier uneventfully with diagnosis being made incidentally in some cases [4].

CASE REPORT

A 35 years old p1L1 woman presented to the outpatient dept. of obstetrics and gynecology, Peoples College Of Medical Sciences And Research Center, Bhanpur Bhopal with the complaint of heavy mentrual bleeding since 3-4 years. As per the patient she used to bleed for 10 -12 days every 25-28 days. She used average 6-7 pads per day. She also complained of severe pain in lower abdomen during the menses since 3-4 years. Her last mentrual period was 5 days back and she was still bleeding. As per patient's records she took hormonal treatment for past 2 years but was not relieved.

She had a full term vaginal delivery 5 yrs back. She was a known case of diabetes mellitus since 1 year and was on oral hypoglycemic drugs.

On examination she was pale, her vitals were stable. On per speculum examination along with external os an additional opening of about 0.5 cm diameter was seen on left side of vaginal wall near the fornix. On per vaginal examination uterus was normal size and retroverted. Bilateral fornices were clear.

On investigatation her hemoglobin was 5.8 g/dl, WBC=5700/cumm., platelets= 6lacs/cumm., blood urea= 19mg/dl, serum creatinine= 0.54mg/dl. Her thyroid levels, liver function tests, urine examination, cervical cytology were within normal limits. Her blood sugar levels were raised. FBS=163mg/dl, PPBS=250mg/dl. Her transvaginal ultrasonography showed bicornuate uterus with bilateral normal adnexa. She was immediately admitted and two point packed red cells were transfused. After endocrinology consultation she was started injection mixtard. As she was not responding to any medical management, the decision for hysterectomy was taken.

Total abdominal hysterectomy with left salpingoopherectomy was done. On cut section two separate uterine cavities with two cervicis were seen. Her post operative period was uneventful.

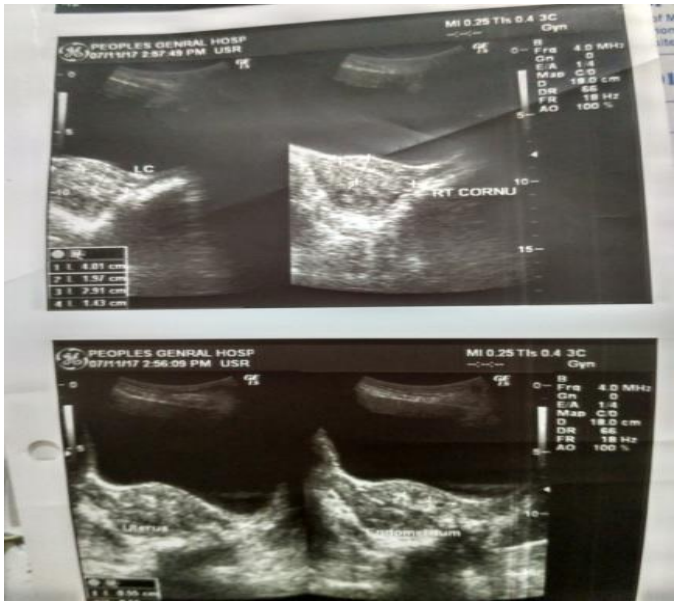

Fig-1: Ultrasonography showing bicornuate uterus

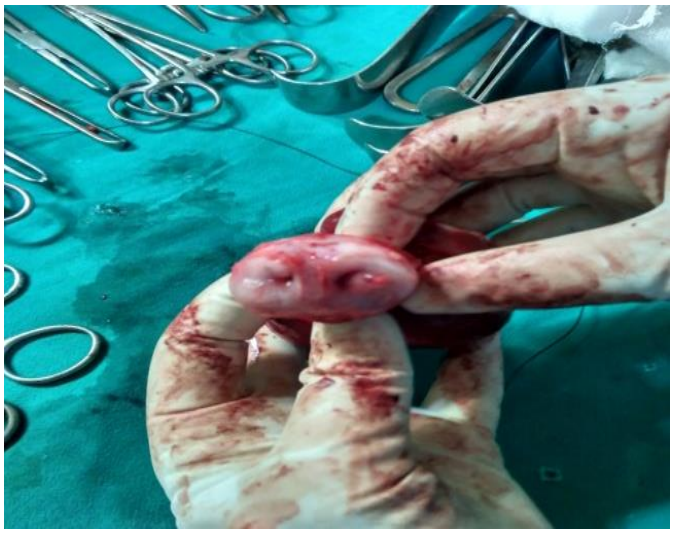

Fig-2: Postoperative picture showing two cervicies

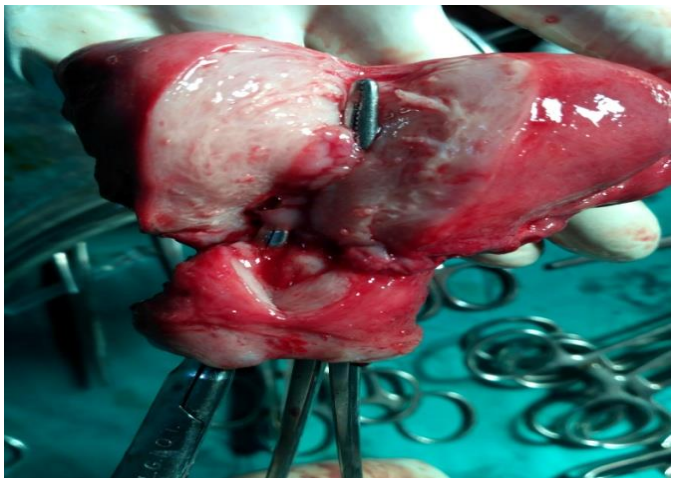

Fig-3: Postoperative picture showing two uterine cavities

DISCUSSION

American society of reproductive medicine, in 1989 has classified uterine anomalies into seven classes as shown in Figure [5]. Bicornuate uterus occurs due to failure of fusion of upper part of Müllerian ducts.

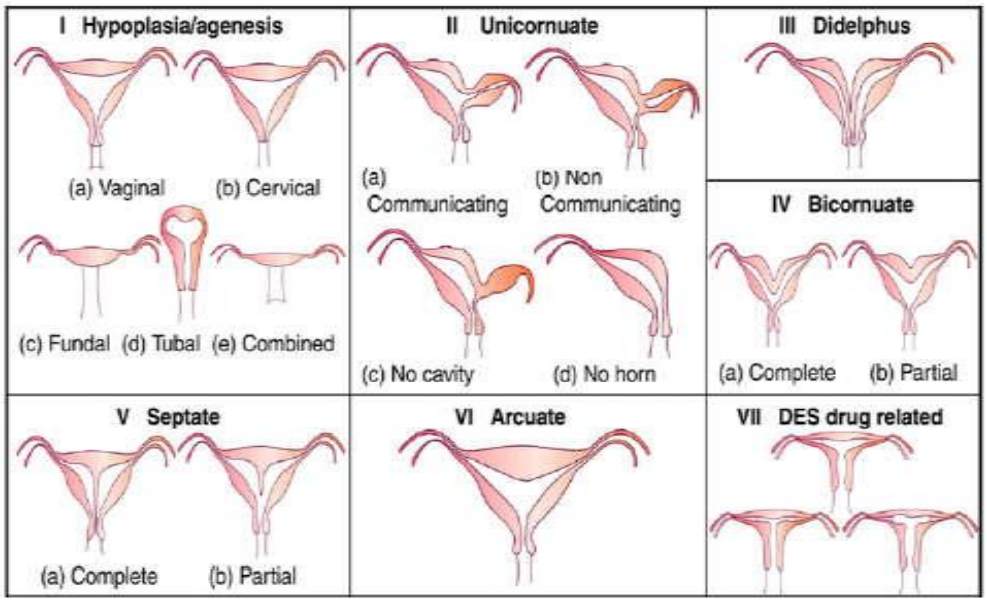

Fig-4: Müllerian duct malformations according to classification by American society of reproductive medicine, 1989

Patient with bicornuate uterus are known to have high incidence of reproductive problems like infertility, repeated first trimester abortions, intra-uterine growth restriction, fetal malposition, preterm labor etc. A very few cases of mothers with bicornuate uterus have been reported with successful term delivery as in our patient [6, 7].

CONCLUSION

We have described a case of a woman with bicornuate uterus who did not have any difficulty in conception or complications during pregnancy. Rather our patient presented as a case of heavy mentrual bleeding. She was then diagnosed by ultrasonography as a case of bicornuate uterus and failing medical management she was managed surgically.

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