

## PREGNANCY FOLLOWING METROPLASTY

### (A Case Report)

by

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#### Metroplasty

"For Bicornuate uterus and Primary infertility and Full term Pregnancy delivered by Caesarean Section."

#### Introduction

Congenital malformation of Mullerian system like arcuate, septate, subseptate, bicornuate or uterus didelphys are not uncommon, but surgical corrections are attempted rarely.

A case of Bicornuate uterus with primary infertility where modified Strassman's operation resulted in conception and term baby was delivered by caesarean section is presented.

#### CASE REPORT

S. S., a well nourished woman of 25 years, married for last 5 years, reported in July 1976 for infertility.

**Menstrual History:** Her menarchae was at the age of 13 and her cycles were normal.

Pelvic examination revealed normal size uterus without any adnexal pathology. Report of the seminal fluid of the husband was normal. Endometrial Biopsy report showed secretory endometrium and hysterosalpingography revealed bicornuate uterus and free spillage on both sides. She was assured about the prospects of pregnancy.

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In 1977 February she came back as she did not conceive and was anxious for an early conception. As no other cause could be detected, laparotomy and unification of bicornuate uterus was decided upon.

**Operation:** Abdomen was opened by transverse incision under spinal anaesthesia. Uterus was bicornuate and both horns were of same size, uterine length was 7.5 cm. Right ovary had a cyst of 3 cm diameter, Left ovary had a follicular cyst of  $1\frac{1}{2}$ " x  $1\frac{1}{2}$ ". Both tubes were patent, tested with transfundal Methylene blue test.

Incision was made extending over both horns of uterus excluding the cornual ends. Both the horns and uterus were repaired in longitudinal manner by interrupted sutures, on chromic catgut for endometrium, o chromic for myometrium and lastly oo sutures for serosal layers. Ovarian cystectomy was done. Abdomen was closed in layers, she made an uneventful recovery and was discharged on 8th post-operative day. She was advised oral contraceptives for 6 months.

She reported in August 1977 with pregnancy of 12 weeks, and pregnancy continued smoothly and was delivered by caesarean section 2 weeks before term because of onset of labour.

There were adhesions of omentum over the fundus. A live male baby of 3.35 Kg. was delivered. Uterine cavity and fundus were intact.

The patient made an uneventful recovery and was discharged on 7th postoperative day.

#### Discussion

Patient with bicornuate uterus may present with various symptoms: foetal wastage in the form of repeated abortion, premature labour or with gynaecological

problems of menorrhagia, dysmenorrhea and infertility. Surgical correction is mostly indicated in cases of habitual abortion and premature labour. The original incision of Strassman (1907) was modified by Jones and Jones (1953) as this modification carries a lesser risk of damage to the cornua of uterus.

Strassman did his series of cases by the vaginal route but subsequently surgeons preferred abdominal operations as it was less traumatising and technically easier.

Tompkins (1962) further modified the procedure by introducing resection without loss of myometrium. This procedure was adopted in this case as resection of myometrium would have caused narrowing of uterine cavity. Haig (1974) emphasised that the technique should be

confined solely to metroplasty. The patient should be given strict instruction not to become pregnant for one year with oral contraception, which helps healing.

However, our patient had not used any oral contraceptive and became pregnant within 3 months of operation. Fundal scar was found to be intact during elective caesarean section.

#### References

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*See Figs. on Art Piper III*