UTERUS BICORNIS UNICOLLIS AND ABORTION

(A Report of a Case Treated Successfully by Metroplasty)

by

R. K. DAS,* M.O., D.G.O., F.I.C.S.

One of the common and tragic com- horns of the uterus could be palpated distinctplications of uterus bicornis is habitual abortions making the woman childless inspite of her repeated pregnancies. A case of uterus bicornis unicollis with habitual abortions treated successfully by metroplasty is reported here.

Case Report

Mrs. K. P., aged 27 years, came on June 20, 1978 for vaginal bleeding and abdominal pain for last 5 days following amenorrhoea for 14 weeks. This was her third consecutive abortion and she had not a single living child although she had conceived thrice in nine years of her married life.

On bimanual examination, cervix was found open wih some products of conception within the canal. In continuation of the cervix, two

*Professor and Head of Department of Obstet. & Gynaecology, Gauhati Medical College, Gauhati, Assam (Retired).

Address-Lachitnagar, Gauhati-Present 781 007.

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ly-the right horn was bigger than the left one. The uterine sound could be passed into both the horns through the same cervix. Dilatation and curettage was perormed and a diagnosis of uterus bicornis unicollis was made which was confirmed by hysterosalpingography.

A modified Strassman's operation (metroplasty) was performed on 18-10-78 under general anaesthesia. The abdomen was closed as usual. (Fig. 2). The patient had an uneventul recovery and was discharged on 27-10-1978.

To our pleasant surprise, she reported with 36 weeks' pregnancy, pain in abdomen and back and difficulty in walking about and in breathing. The uterus was unduly enlarged for the period of amenorrhoea, broad, tense and fluid thrill was present. An X-ray of abdomen showed no abnormality in the foetus but confirmed hydramnios.

On 29-5-81, an elective lower segment caesarean section was performed under general anaesthesia and a healthy male baby weighing 2,200 gm. was delivered. Before closing the abdomen, the uterus was exposed and examined. The site of the scar of metroplasty did not show much weakness or attenuation but omentum was adherent to the fundus and posterior wall. (Fig. 3).

See Figs. on Art Paper IV