

# OUTCOME OF PREGNANCY AND LABOUR IN CASES OF BICORNUATE UTERUS

By

VIJAYLAXMI AND JAGDISHWARI MISHRA

## SUMMARY

An analysis of outcome of pregnancy and labour was made in 50 cases of bicornuate uterus during the year 1975 to 1985 in Patna Medical College Hospital, Patna. Infertility, recurrent abortion, intra-uterine growth retardation, prematurity, repeat breech presentation, retained placenta and high incidence of operative interference were encountered in the cases.

### Introduction

Congenital anomaly of the uterus interferes with the successful obstetric performance of a woman. The diagnosis is suspected in the process of investigations of sterility, repeated abortion, repeated prematurity, obstetric mishaps due to malpresentations and finally made on laparotomy while doing caesarean section.

### Materials and Methods

A total of 50 cases of bicornuate uterus were reviewed during the year 1975-1985 in Patna Medical College Hospital in the Department of Obstetrics and Gynaecology. A detailed history was taken and relevant investigations were done including hysterosalpingography and laparoscopy.

From: Deptt. of Obstet. and Gynaecology, P.M.C.H., Patna.

Accepted for publication on 20-6-86.

### Observations

The cases were analysed according to the age, parity, obstetric performance, abortion, prematurity, stillbirths, neonatal deaths and operative interference. The age of the patients varied between 20 to 35 years; 10 among the 50 cases had infertility varying between 3 to 8 years.

TABLE II  
Distribution of Cases According to Premature Delivery

| Period of gestation | No. of cases | Percentage |
|---------------------|--------------|------------|
| 28-30 weeks         | 8            | 16         |
| 32-34 weeks         | 16           | 32         |

TABLE III  
Distribution of Cases According to Types of Presentation

| Type of presentation | No. of cases | Percentage |
|----------------------|--------------|------------|
| Breech               | 6            | 12         |
| Transverse           | 8            | 16         |

TABLE I  
Distribution of Cases According to the Number of Abortion

| Abortions | Weeks of gestation | No. of cases | Percentage |
|-----------|--------------------|--------------|------------|
| 2         | 7- 8 weeks         | 16           | 32         |
| 3         | 9-12 weeks         | 24           | 48         |

TABLE IV  
Incidence of Caesarean-section

| Weeks of gestation | No. of cases | Percentage |
|--------------------|--------------|------------|
| 34-36              | 24           | 48         |
| 37 weeks           | 16           | 32         |

TABLE V  
Stillbirths and Neonatal Deaths

|                 | No. of cases | Percentage |
|-----------------|--------------|------------|
| Neonatal deaths | 6            | 12         |
| Stillbirth      | 8            | 16         |

Discussion

A review of 50 patients with bicornuate uterus was made. Ten out of 50 cases had infertility. The diagnosis was made in 6 cases by hysterosalpingography and 4 cases by diagnostic laparoscopy. In 2 of the 10 cases metroplasty was done; up to now conception in them has not been recorded. Strassman was the first to perform metroplasty, the indication being infertility, dysmenorrhoea and repeated foetal loss.

Apart from the obstetric history, hysterosalpingography confirmed the bicornuate uterus. Caesarean section rate was very high in the present series (80%). In

view of the bad obstetric history caesarean section was done for foetal salvage. The final diagnosis was made on laparotomy. In 6 out of 50 cases there was history of repeated breech presentation (Figs. I, II, III and IV), showing caesarean section in bicornuate uterus. One of the cases had conceived after primary sterility of 12 years, she had no antenatal check-up and came to the labour room with eclamptic fits at 37 weeks of gestation. Caesarean section was done as a part of the treatment of eclampsia and bicornuate uterus was discovered containing twin foetuses lying in each horn of the uterus. In our series bicornuate uterus was diagnosed when the placenta retained in one of the horns of the uterus. Pentti *et al* (1982) studied the reproductive performance of 182 women with uterine anomaly including bicornuate uterus. In the present series there was history of stillbirth in 16 per cent and neonatal death in 12 per cent. Prematurity and intrauterine growth retardation were the main causes of foetal loss. With subsequent pregnancy the incidence of prematurity decreased. This may be attributed to improved vascularity and capacity of the uterus to accommodate the foetus.

References

1. Pentti, K. H., Seppo, S. and Paavo, P.: *Obstet. Gynaec. Surv.* 37: 627, 1982.

See Figs. on Art Paper I