

Uterus Didelphys and Septate Vagina – Case Reports

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Case No. I.

Mrs. X, 24 years, G3P21 2 with H/O two months amenorrhoea was admitted on 13.09.2000 for MTP with TAT.

Her obstetric history – I – LSCS done on 05.10.1997. Indication was flexed breech with big baby in labour. II LSCS done on 26.09.1999. Indication was flexed breech with PROM. Tubectomy done only on right side as the tube on the left side could not be identified. III. PP. 1 MP – 20.07.2000.

On examination vital parameters within normal limits. P/A – soft. P/S – Septate vagina seen. Two cervixes seen on P/V examination showed. Right uterus – AV, bulky, soft. Left uterus – AV, 8 weeks, soft.

Scan report showed normal right uterus and pregnancy of 7 weeks gestational age in left uterus. Both kidneys – normal.

Under SA, MTP was done and products of conception curetted on left side. Abdomen opened. There were two uterii lying separately with wide gap in between. Each uterus having only one tube and one ovary. Evidence of tubectomy was present on the right side and left side tube intact. Tubectomy done on left side now.

In this case during the LSCS the double uterus was missed as it was not explored deep in the pelvis

So the importance of presenting this case is that during tubectomy if only one tube is present we have to search deep in the pelvis thoroughly as we may miss double uterus as in the case cited above.

Case No. II.

Mrs. X, 28 years, primi with term gestation admitted with labour pain on 29.10.2000. Married for 3 years.

On examination vital parameters within normal limits. P/A – term, breech at lower pole, FHR – 140 / mt. P/S septate vagina. Two cervixes seen. P/V – right-cervix 50% effaced, two cm dilated, flexed breech at brim, pelvis normal. Left cervix normal.

Patient was taken up for emergency LSCS and indication was flexed breech at brim.

Similar to the case no. I this patient was also found to have two uterii lying separately with one tube and one ovary for each uterus. Conception was in the right uterus in this case.