

Spontaneous Resolution of Hematometra in a Gravid Patient with Bicornuate Uterus and Threatened Abortion

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Introduction

Mullerian malformations have been associated with poor reproductive outcome¹. Being a nonobstructive type of Mullerian tract anomaly, occurrence of hematometra in a patient with bicornuate uterus is a rare phenomenon¹. We report a case of bicornuate uterus with pregnancy in one horn and hematometra in the other. The patient presented with threatened abortion and was managed conservatively resulting in favorable maternal and fetal outcome.

Case Report

A 25 year old woman presented with two months amenorrhea, pain in abdomen and slight bleeding per vaginum. She was a known case of bicornuate uterus with previous two normal deliveries and one abortion. Her general physical and systemic examination was unremarkable. Vaginal examination revealed a soft cervix deviated to the left. The left horn of the uterus was soft, six to eight weeks in size and was felt to be in continuation with cervix. The Right horn of the uterus was palpable in right fornix as a firm mass corresponding to six weeks gravid uterus in size. A transabdominal ultrasound revealed a single intrauterine gestational sac with yolk sac and a live embryo corresponding to 5 weeks 3 days size in the left horn of the uterus (Photograph 1), right horn measured 7x6 cm and showed fluid collection with low intensity echoes suggestive of hematometra. The cervical canal measured 3.5 cm and internal os was closed. Both kidneys were normal. She was admitted and managed conservatively. Her bleeding subsided after five days and she was discharged from the hospital. Subsequently serial weekly USG did not show any change in the size of hematometra till 12 weeks. Thereafter, it showed a progressive decrease, measured 2.7x1.8 cm size at 30 weeks of gestation and got completely resolved by term. Antenatal period was otherwise uneventful. She developed spontaneous labor pains at term and delivered

vaginally a healthy baby with normal weight and APGAR scores. Both mother and baby were doing well at six weeks' followup.



Photograph 1 : Ultrasonograph showing bicornuate uterus with left horn showing gestational sac with fetal pole and right horn showing fluid collection with low intensity echoes suggestive of hematometra.

Discussion

The American Fertility Society has classified Mullerian duct anomalies in to four classes². Bicornuate uterus, class IV of the classification, has further been classified in to three subtypes: complete (division down to internal os), partial and arcuate. The present case belonged to class IV and partial variety of Mullerian anomaly.

Development of hematometra is not a usual occurrence in such a case, since it is a nonobstructive type of Mullerian anomaly. In this case, development of hematometra in the right horn of the uterus could have been due to mechanical obstruction of its outflow tract by a growing gestational sac in the left horn. When the patient developed threatened abortion, the shaded

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deciduas and blood thus got accumulated and presented as hematometra. As the process of threatened abortion subsided, the blood in the left horn gradually got absorbed. No such case has been described in literature earlier except a case where spontaneous resolution of hematometra occurred in a non-gravid patient³.

Development of hematometra in nonobstructive type of Mullerian anomalies is a rare occurrence and may be because of transient mechanical obstruction. It is possible to manage such cases conservatively if

symptoms are not severe.

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