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PICTORIAL ESSAY

Hysteroscopic Management of Robert's Uterus

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Robert's uterus is a rare type of Mullerian anomaly, a variant of septate uterus (Class V, American society for Reproductive medicine classification). It is also known as asymmetric septate uterus first reported by Robert in 1970. We report a case of a 16-year-old unmarried girl who presented to us with complaints of severe dysmenorrhea since one year not responding to treatment. MRI of pelvis revealed uterine septum dividing endometrial cavity asymmetrically into normal right-sided uterine cavity and left-sided non-communicating hemicavity (Fig. 1). Figure 2a shows laparoscopy findings preoperatively, and broad fundus is seen. Bulge is seen on the left side of fundus due to the collection of blood (hematometra) in the left side of uterine cavity due to asymmetric uterine septum. Figure 2b shows postoperative laparoscopic view of normal fundus after excision of uterine septum. Figure 3a shows that on hysteroscopic illumination of uterine cavity, only right-sided cavity was illuminated as left-sided cavity was obliterated due to hematometra due to asymmetric uterine septum Figure 3b shows that on hysteroscopic illumination of endometrial cavity, entire uterine cavity is illuminated after excision of uterine septum. Figure 4a shows that on hysteroscopy, right-sided cavity and ostia were visualized and left-sided septal bulge was seen due to asymmetric uterine septum. Figure 4b shows that on hysteroscopy, septum was excised using scissors. Hematometra of left side was drained, and the cavity was seen

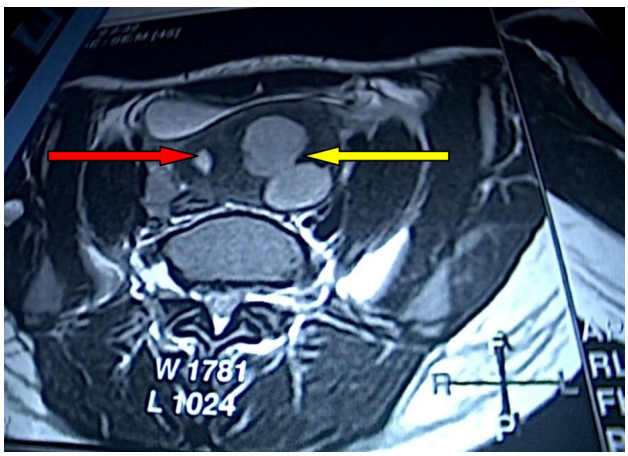

Fig. 1 MRI of pelvis showing uterine septum dividing endometrial cavity asymmetrically into normal right-sided uterine cavity (red arrow) and left-sided (yellow arrow) non-communicating endometrial cavity

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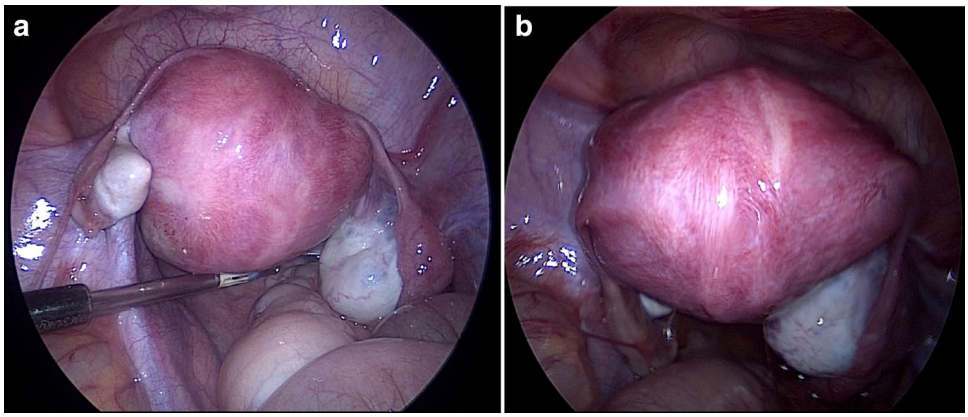

Fig. 2 **a** Laparoscopy findings pre-excision of uterine septum. Bulge is seen on the left side of fundus due to hematometra on the left side of uterine cavity. **b** Postoperative laparoscopic view of normal fundus after excision of uterine septum

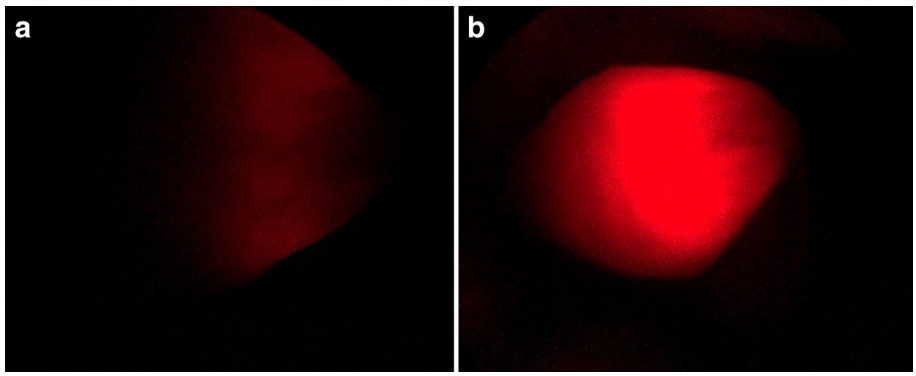

Fig. 3 **a** Hysteroscopic illumination of uterine cavity; right half of cavity is illuminated as left side is obliterated due to hematometra. **b** Postexcision of uterine septum entire uterine cavity is illuminated

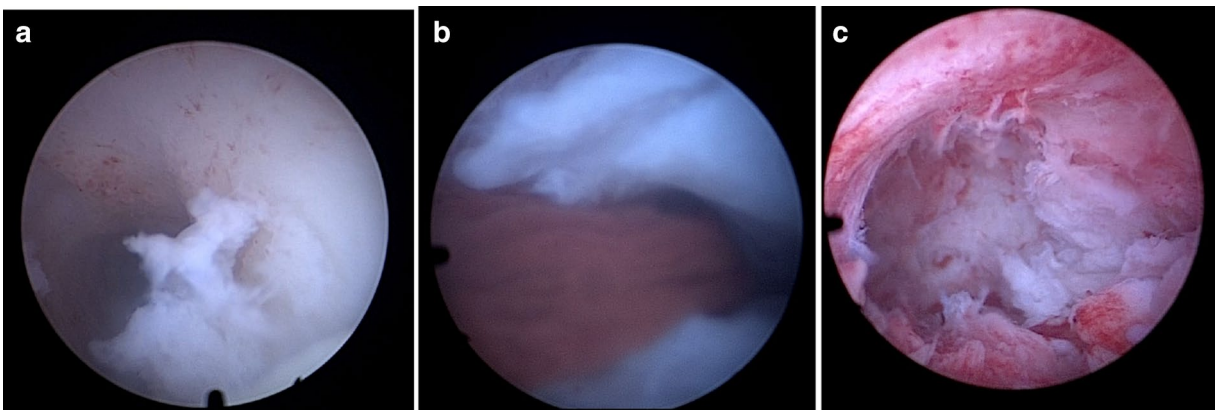

Fig. 4 **a** On hysteroscopy right-sided cavity and ostia are visualized and left-sided septal bulge is seen due to asymmetric uterine septum. **b** Uterine septum is excised using scissors. Left-sided hematometra is drained. **c** Hysteroscopic view of unified endometrial cavity after septal resection

communicating with endometrial cavity. Figure 4c shows the hysteroscopic view of unified endometrial cavity after septal resection is shown.

Authors Contributions Dr. NS has operated this case, searched the literature and done final proof reading of this article. Dr. PC who has done fellowship in laparoscopy under Dr. Nitin Shah has assisted this case, written this article, done literature search and helped in proof reading this article.

Compliance with Ethical Standards

Conflict of interest The authors declare that they have no conflict of interest.

Informed Consent We, the authors, hereby declare that we have taken the informed consent from the patient.

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