

Case Report

Reporting a near term pregnancy with septate uterus presenting with abruption.

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Article Received: 15-09-2022

Revised: 05-10-2022

Accepted: 25-10-2022

INTRODUCTION:

A uterine septum is believed to develop as a result of failure of resorption of the tissue connecting the two paramesonephric (mullerian) ducts prior to the 20th embryonic week.⁽¹⁾ Septate uterus is described under class V of the AFS classification. It is of two types Complete septate uterus (septum upto internal os) and partial septate uterus.⁽²⁾ The mean incidence for septate uterus is 35%.⁽³⁾ Septate anomalies are associated with diminished fertility and increased risks for adverse pregnancy outcomes that include miscarriage, preterm delivery, and malpresentation . Hysteroscopic septal resection has been shown to improve pregnancy rates and outcomes.⁽²⁾ Patient with septate uterus donot have difficulty in conceiving but the pregnancy frequency ends in abortion or premature birth. Although patient presents with early pregnancy loss, but we are presenting a case who had had an uneventful early pregnancy period and presented as a case of abruption near term.

Aims & Objective: To present a case of 22yrs booked Primigravida at 35weeks 5 day POG with abruption placenta with septate uterus.

CASE REPORT: A 22yr booked Primigravida at 35weeks 5 day POG with complaint of bleeding per vaginum since 1 day associated with pain in abdomen. She came with an early pregnancy USG (8 weeks 1 day) suggestive of bicornuate uterus.

On Examination: Patient was conscious and well oriented. Pallor (+) ,Pulse-86/min,BP-108/70mmhg,Afebrile. **Per abdomen:** Fundal height 36 weeks, longitudinal lie, cephalic presentation, liquor seemed adequate ,uterus relaxed ,FHS present/regular/140bpm. **On Per speculum examination-** cervical os seemed closed , bleeding was present through os , dark colored.

PROCEDURE:

Patient underwent an Emergency lower segment caesarean section (Ind: Abruptio with poor bishop with severe oligohydramnios) . She delivered a live female baby, of 2.5kg . Placenta was found adherent to the uterine septum and was manually removed. Uterus was found to be heart shaped. Uterine septum was found, extending from the fundus to the lower uterine segment. A decision was taken on the OT table to perform a septal resection followed by placement of Cu-T 380A. Histopathology confirmed intrauterine septum. Post operative period was uneventful and the patient was discharged on post op day 7. Patient was followed up at POD- 42 where findings were within normal limits and Cu-T was insitu.

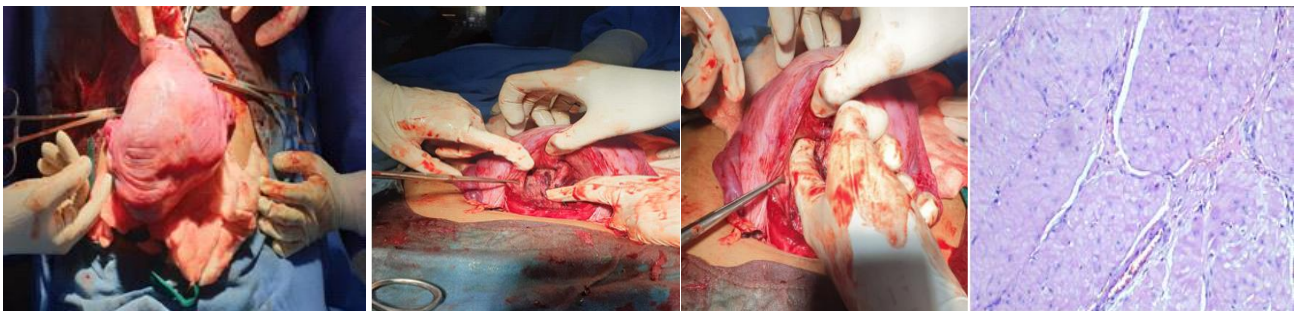


Fig: 1. Heart Shaped Uterus, Fig: 2. A Uterine Septum (5 CM), Fig: 3. Septal Resection, Fig: 4. Histopathology Shows Intrauterine Septum

DISCUSSION:

Our patient was primigravida who had an uneventful early pregnancy period and presented with abruption near term. Septate uterus was a chance finding in the OT table.

CONCLUSION:

Usually pregnancy at near term with septate uterus is a rare presentation and patient presents with recurrent pregnancy loss. Our patient was primigravida who had an uneventful early pregnancy period presented with abruption. On the OT table findings were of a septate uterus which could not be diagnosed pre-operatively. Septal resection with the placement of Cu-T-380A was done.

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