An unusual presentation of Didelphys Uterus in a young woman: A Case Report

ABSTRACT

Background: Congenital anomalies of the female reproductive tract vary in severity and mode of presentation, with the majority evading early diagnosis. Existing literature is still not conclusive on the causal associations between these anomalies with infertility and hence the role of surgical interventions for those with unexplained infertility has been questioned.

Case presentation: This is a case of a 29-year-old, para 0+0 Teacher who presented to our facility on self-referral due to a 3-year history of unexplained infertility. She had a prior evaluation including a series of ultrasound scans in other health facilities, but no abnormality was detected. A general physical examination revealed a healthy-looking female with normal external genitalia. A closer inspection of the introitus revealed a double vagina and further investigations including diagnostic laparoscopy indicated Uterus Didelphys with myomatous left horn. She subsequently had a laparotomy with the removal of an abnormal (myomatous) horn and D-J stenting of the left ureter to relieve obstruction. Recovery was satisfactory and the patient became pregnant for the first time in her life, 8 months after the surgery. She had a total of 3 full-term pregnancies and all deliveries were by caesarean section.

Conclusions: The incidental and late presentation of congenital uterine anomaly is not uncommon. This report underscores the value of careful urogenital tract assessment and a high level of suspicion when evaluating women with certain gynaecological conditions like unexplained infertility. Utilization of sensitive imaging techniques like transvaginal ultrasound scan, 3D ultrasonography and MRI complement clinical assessment. Tailored surgical intervention in complicated cases such as this, is associated with good outcomes.