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Intrapartal resection of the double cervix and longitudinal vaginal septum after hysteroscopic resection of the complete uterine septum, resulting in a term vaginal delivery: A case report

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ABSTRACT

Objective: To report a rare uterine anomaly of a septate uterus, double cervix and double vagina in patient who conceived spontaneously and delivered vaginaly.
Design: Case report.
Setting: Department of Obstetrics and Gynecology, Zagreb University School of Medicine, Clinical Hospital "Sveti Duh", Zagreb, Croatia.
Patient(s): A 34-year-old nulligravida who underwent clinical, radiological, surgical and intrapartal workup.
Intervention(s): Clinical examination and intrapartal surgical resection of vaginal septum followed by vaginal delivery.
Main Outcome Measure(s): Description and treatment for a rare Müllerian anomaly and a subsequent literature search.
Result(s): Successful intrapartal resection of longitudinal vaginal septum and double cervix followed by vaginal delivery without complication.
Conclusion(s): Reconstructive surgical procedures may be considered for providing spontaneous pregnancies and intrapartal surgical technique could be taken into consideration in order to prevent unnecessary cesarean sections, upon strict estimation of the obstetrician.

1. Introduction

The incidence of congenital uterine anomalies is estimated to be 0.001–10% in general population [1], however the true incidence is not know because only those anomalies that result in pregnancy loss or cause symptoms are usually described and reported [2].

Septate uterus with double cervix and longitudinal vaginal septum represents one of the Müllerian anomalies "without a classification" [3]. Surgical treatment in patients with this rare malformation includes resection of the vaginal septum with or without hysteroscopic resection of the uterine septum. If these women reach term pregnancy, elective cesarean section is a usual delivery option [3,4,5].

We discuss a rare case of Müllerian anomaly "without a classification": modality of treatment, pregnancy outcome and final intrapartal surgical intervention that resulted in a successful vaginal delivery.

2. Case Report

A 34-year-old nulligravida presented to our clinic at 6th week of gestation and with history of laparoscopic-assisted hysteroscopic resection of uterine septum. She was diagnosed with septate uterus with cervical duplication and longitudinal vaginal septum, and was without any symptoms. Vaginal examination revealed longitudinal vaginal septum 2 cm long in the upper third of the vagina with two normal-appearing cervices. Transvaginal sonography has shown septate uterus. During endoscopic procedure uterus and both adnexa appeared normal. Uterine septum was resected, but vaginal not, for unknown reasons.

5 years after the procedure patient spontaneously conceived for the first time. Pregnancy was uneventful. She was admitted in the delivery

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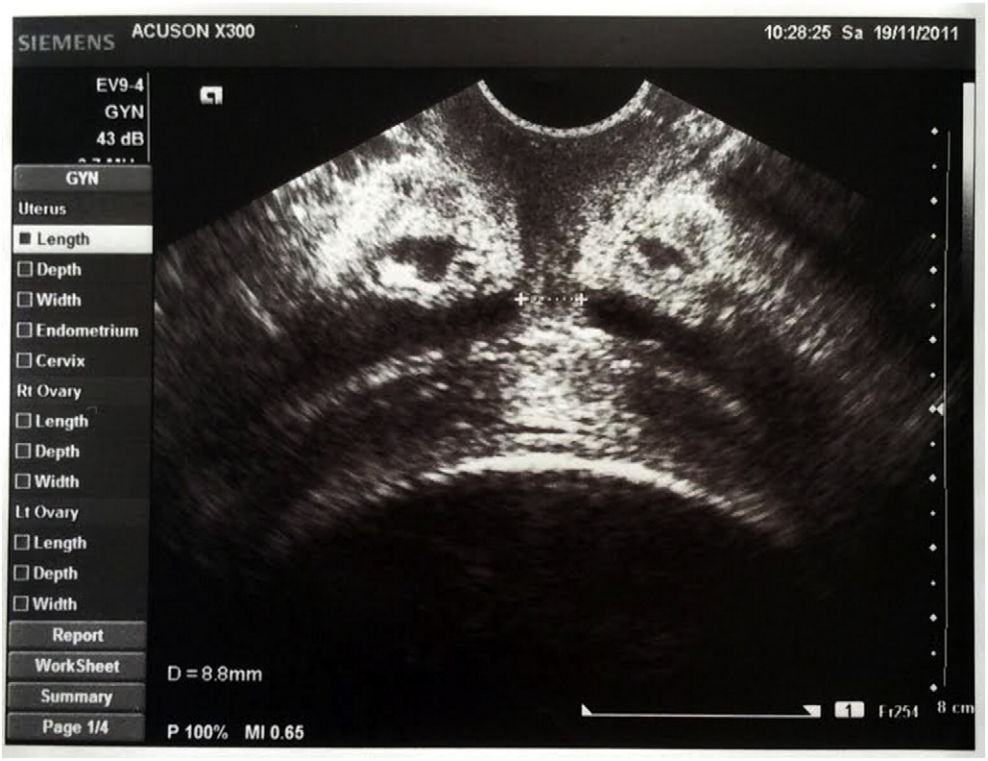

Fig. 1. Status at admission: vaginal septum about 1 cm thick and both cervices dilated 2 cm, documented by transvaginal ultrasound.

room with $38^{5/7}$ weeks due to contractions. At admission vaginal septum was about 1 cm thick and both cervices dilated 2 cm by bimanual palpation and documented by transvaginal sonography (Fig. 1). Epidural analgesia was indicated.

3. Procedure

When both cervices were dilated 3–4 cm, we proceeded with resection of vaginal septum (Fig. 2) and double cervix (Fig. 2b). Septum was clamped, sutured with vicryl 1–0 and resected; resection of double cervix was preceded in a similar manner. Bleeding was within normal range. Intrapartal condition after described procedures and before subsequent amniotomy is shown in Fig. 2c. She gave birth to health male 3450/51, Apgar score 10/10, and was delivered without episiotomy, with perineal rupture grade 1. Due to uterus atony, compressive sutures (*sec.* Habitch) were placed. Transabdominal sonography was performed after delivery, revealed normal continuity of the uterus and absence of free fluid. Postpartal laboratory findings were within normal range. Routine gynecological examination 6 weeks after the delivery revealed single normal-appearing cervix (Fig. 3).

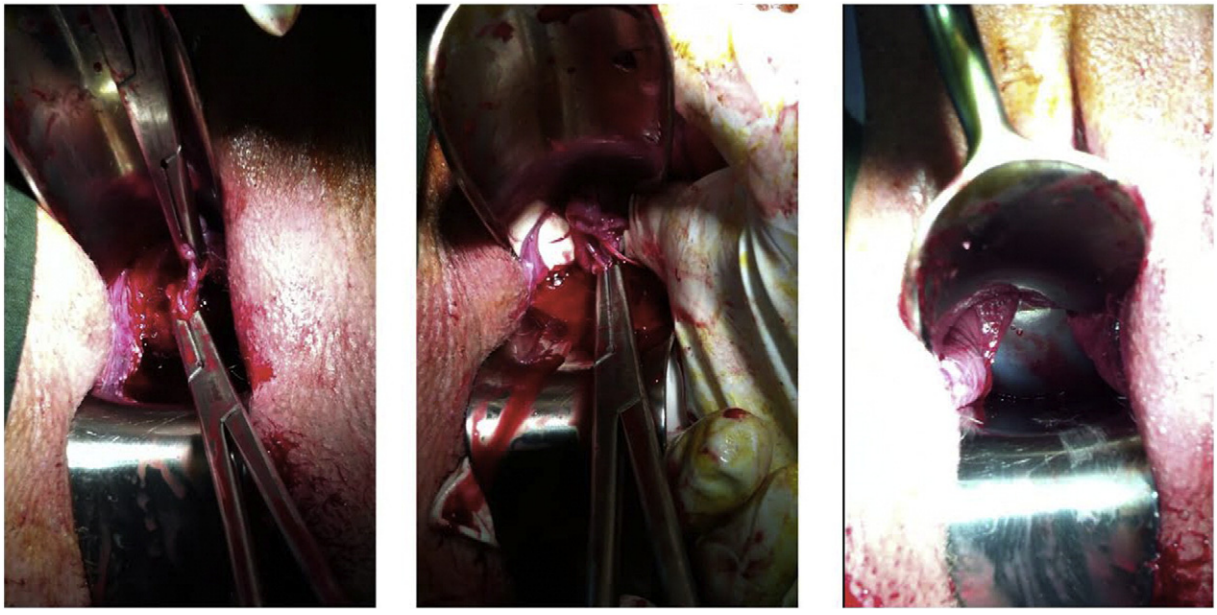

Fig. 2. a: Image shows both cervices dilated 3–4 cm and resection of vaginal septum. b: Resection of double cervix. c: Image shows intrapartal condition after described procedures and before subsequent amniotomy.