A CASE OF UTERINE DIDELPHYS WRONGLY DIAGNOSED AS BICORNUATE UTERUS

Fauzia Ayaz and C. Gnanachandran (NGH)

Northampton General Hospital NHS Trust UK
Corresponding Author e-mail: areshah.enter@ gmail.com

(Received 15.07.2025 Accepted 15.09.2025)

Objective: A case of uterine didelphys with endometriosis and subfertility wrongly diagnosed as bicornuate uterus.

Case Report: 37 year old female presented to gynae emergency as lower abdominal pain with vomiting. On examination abdomen is tender in left iliac fossa. Patient was a known case of bicornuate uterus (diagnosed on laparoscopy few years back), PCOS and endometriosis. Patient was diagnosed as case of dysmenorrhea, discharged home after analgesics and antiemetic. After 2 weeks she attended fertility clinic, where HyCosy and 3D scan was done by consultant which shows uterine didelphys with left horn not communicating to the cervix, left sided hematometra and left ovary with endometriotic changes. MRI again shows bicornuate uterus. So diagnosis ?? Uterine abnormality with significant endometriosis ?? Uterine didelphys with left horn not connected to the cervix. Surgery done which includes hysteroscopy and laparoscopy, left salpingo-oopherectomy and left hemi hysterectomy and tubal dytest and adhesion lysis. Left ureter not visualized as left renal agenesis was found. Follow-up shows markedly improved quality of life with no pain.

Discussion: This case shows that gold standard in diagnosis of uterine didelphys is 3D TVS and saline infusion sonography, as it clearly identifies non communicating horn in this case.

Conclusion: Uterine abnormalities are often associated with renal anomalies. Proper diagnosis and management improves quality of life. Most women have normal reproductive outcome but patient should be told about increased risk of miscarriages, preterm labor, fetal malpresentations, also FGR and pre eclampsia.