Difficult ultrasound diagnostic of ectopic or intrauterin pregnancy in two cases of dysmorphic uterus

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The general prevalence of uterine anomalies is 4%, increasing up to 37.6% in cases of recurrent miscarriage. Uterine anomalies are often asymptomatic and are diagnosed during the first ultrasound in pregnancy, infertility or after a miscarriage.

The best diagnostic method of dysmorphic uterus is 3D transvaginal ultrasound which helps to better understand uterine morphology without being invasive or costly.

The first case is a 27-year-old patient IG who experienced metrorrhagia at the onset of pregnancy. The ultrasound reveals a retroverted dysmorphic uterus and a gestational sac corresponding to a 5 week pregnancy located at the level of the left horn, difficult to differentiate from a cornual ectopic pregnancy. Pregnancy only developed up to 6.4 weeks.

The second case is a 30-year-old woman with a 38-week vaginal birth (2850 g) who was now experiencing severe metrorrhagia at the onset of pregnancy. The ultrasound shows a dysmorphic uterus with a 6 week pregnancy, at the level of the uterine horn that protrudes outside the uterine contour. After progesterone and tocolysis the pregnancy only reaches 7.3 weeks.

In both cases, after aspirations and curettage, there were a hysteroscopy performed that confirmed the dysmorphic uterus and ruled out any synechiae. The first patient, after an ectopic right tubal pregnancy achieved a normal intrauterin pregnancy and delivered 3800 gr at term following C-section for breec presentation.

Patients with dysmorphic uterus are at higher risk for spontaneous abortion, premature delivery, IUGR, placental retention, premature ruptured membranes, postpartum hemorrhage or difficult differential diagnosis with cornual ectopic pregnancy. In literature there are cases of uterine rupture in patients with dysmorphic uterus and early pregnancy, complete hydatiform moles at the level of a uterine horn and a viable fetus in the other horn, or bichorial biamniotic twin pregnancy with one gestational sac in each horn. However, many patients manage to carry out pregnancies till term.