Introduction
Mullerian duct anomalies are diagnosed during fertility workup or when repeated pregnancy losses or menstrual disorders happen.

Objective: To determine the prevalence and accuracy of using TVS and 3D ultrasound (UTS) in the diagnosis of Mullerian anomalies (MA).

Methods
• Retrospective study of women with UTS findings of MA who underwent surgery from Jan 2013 to Dec 2016.
• Sample from the Master list of Dept of OB-GYN admissions with a diagnosis of possible MA was reviewed. Determination of age, gravidity/parity and presenting symptoms.
• MA prevalence rate and diagnostic accuracy estimates: sensitivity, specificity, positive and negative predictive values of TVS and 3D UTS
• Comparison with surgical findings as gold standard in the diagnosis of MA were determined.

Results
• Local prevalence rate of MA was 1.2%.
• 81% were nulligravida; average age of 20.
• Most common presentations were cyclic pelvic pain (46.9%), bleeding (9.4%) and dysmenorrhea (9.4%).
• Most common MA was transverse vaginal Septum (34%), uterine didelphys (31.2%) and septate uterus (21.9%). All 32 cases had TVS, while only 7 cases had 3D UTS. The 3D UTS were similar with TVS in 78%.
• Uterine didelphys (p=0.044) and transverse septum (p=0.001) UTS findings were significantly associated with intra-operative findings.
• TVS and 3D UTS had variable sensitivity, specificity, positive an negative predictive values depending on the type of MA.

Conclusion
• The local MA prevalence rate is low but reflects rates in literature.
• A prospective study with a longer study period could improve diagnostic accuracy.
• Factors affecting accuracy include operator skills, non-standardization of classification systems, non-uniform diagnostic modalities and varying populations of women.