Objectives
The incidence of defective development of the Müller duct in population is stated in the range of 1-10% (higher percentage in women with reproductive disorders). However, the data regarding incidence of uterus anomalies in literature differ. The study examines the incidence of previously undiagnosed anomalies in women with reproductive disorders, treated in our IVF centre.

Methods
The medical checks of uterus were carried out within 3D ultrasound examinations of ovarian reserve or in form of HyFoSy – ultrasound examination of tubal patency. The ultrasound examinations were performed transvaginally by 4 trained personnel on VOLUSON E 8 and 10 (GE Medical Systems). In 1/2010 – 1/2019 2319 women of the average age of 32.2 were examined. Classification of uterus malformations was executed in concordance with American Fertility Society (1988) and since 2014 in concordance with ESHRE/ESHG (2013) classification. In case of uterine anomaly diagnosis, hysteroscopy, operative hysteroscopy or laparoscopy followed, according to decision of the IVF centre physician.

Results
Normal uterus /U0:1974, uterus unicornis /U4:14, uterus bicornis/U3:8, uterus septus/U2:75, uterus arcuatus:241, other:7. After implementation of classification according to ESHRE/ESHG a 39% rise of U2a diagnosis occurred compared to the diagnostics using absolute numbers. Of 15 patients with the U2 that underwent resection 12(80%) got pregnant. Patients without resection got pregnant in 28 cases (47%).

Conclusion
Diagnosis of uterus malformations with the help of 3D ultrasound is quick, non-invasive, easily performed and painless. In our set we have diagnosed 15% of previously unrecognized uterus malformations, out of which 5% were critical for successful reproduction. The implementation of classification in concordance with ESHRE/ESHG increased the U2 diagnosis incidence. Evaluating, whether women with U2a profit from resection is not possible due to a narrow sample.