Case report

- We diagnosed a 30 year old woman known with primary infertility with a bicornuate uterus, single cervix
- In Aug 2017 she presented with a twin pregnancy in the right hemiuterus
- At the nuchal scan we observed a monochorionic diamniotic pregnancy in the right hemiuterus with a high risk of trisomy 18 but normal karyotype after CVS.
- The evolution was normal, with a normal anomaly scan at 22w but with bleeding episodes from the left hemiuterus decidualized endometrium and a cervix that was shortening from 32 to 21 mm and 16 mm at 28 w under progesteron therapy and corticotherapy for lung maturation.
- At 31w clinical evaluation we observed an effaced cervix with 4 cm dilation, the first fetus in breech presentation.
- We decided to perform CS and delivered two girls of 1000g and 1300g in good condition immediately after birth.
- For the next days they needed ventilatory support.

Conclusion

- A rare case, with 0.003% chance to occur
- High risk of TTTS, sIUGR, severe prematurity, CS, neonatal morbidity
- Need serial US for monitorisation of fetuses and measurement of the cervix length
- Corticotherapy after 28w for lung maturation
- Progesterone prophilaxis for preterm birth
- Cervical cerclage could be harmful

Frequency

- Bicornuate uterus – 0.5% of women population
- Monochorionic twins are 20% out of 3% of all twin pregnancies