

# Congenital Uterine Anomalies and Hysteroscopy: about a case

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## Aim

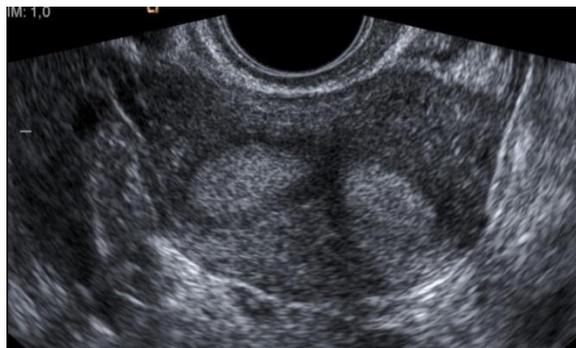
About a case of congenital uterine anomaly (CUA) we decided to perform an update of the CUA and their possibility of hysteroscopic treatment.

## Methods

We performed a review from the pathological and personal history of the patient and a systematic research from the evidence available in UpToDate and "The ESHRE/ESGE consensus on the classification of female genital tract congenital anomalies".

## Presentation of the case

A 31 year old woman with no remarkable personal and pathological history apart from two year infertility. She came with her partner to perform an infertility study with spermiogram and blood test with no notable findings. An ultrasonography was performed and this were the findings:

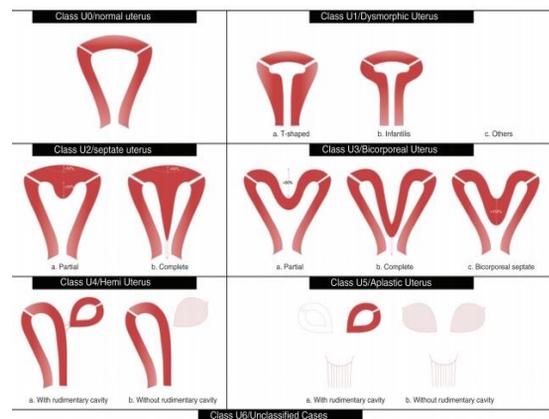


With the suspicion of CUA and to assess the tubal patency, an hysterosalpingography was performed, and this were the findings and a pelvic MRI was requested.

## Results

Many patients are asymptomatic. The presentations varies depending upon the defects involved, but the most common are pelvic pain, amenorrhea, hypomenorrhea, prolonged menstrual bleeding, infertility, abortions, preterm delivery, fetal malpresentation, cervical insufficiency, intrauterine growth restriction...

Septated Uterus is the most common of CUA. To assess the diagnosis of CUA, imaging testing is essential. The gold standard in diagnosis of the CUA is MRI. Bidimensional ultrasonography is useful as an approach. Tridimensional ultrasonography is more detailed and avoids requesting additional imaging test. Hysterosalpingography provides information about fallopian tube patency and configurations of the uterine cavity.



The CUA tributary to treatment with hysteroscopy are the septate uterus (hysteroscopic metroplasty) and the dysmorphic uterus (T-shaped). The laparotomical techniques to repair the septate uterus are Jones Metroplasty and Tompkins Metroplasty. Strassman procedure is used to reunify bicorporeal uterus. To repair unicornuate uterus, the gold standard is the resection of the obstructed horn.

## Conclusions

Many patients are asymptomatic. The presentations varies depending upon the defects involved. Septated Uterus is the most common of CUA. The gold standard in diagnosis of the CUA is MRI. The CUA tributary to treatment with hysteroscopy are the septate uterus (hysteroscopic metroplasty) and the dysmorphic uterus (T-shaped).