

**PARTIAL SEPTATE UTERUS WITH RETAINED PRODUCTS OF CONCEPTION ON  
ULTRASOUND: A CASE REPORT****\*Dr. Monika Negi and Dr. Akhilesh Negi**

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**INTRODUCTION**

Septate uterus is the most common congenital uterine anomaly constituting approx. 55% of the total uterine anomalies.<sup>[1,2]</sup> Septate uterus is a Type V congenital uterine anomaly and develops due to partial or complete resorption of Mullerian duct during embryogenesis. It is significantly associated with poor reproductive outcomes. This anomaly has high incidence of spontaneous miscarriages ranging from 26% to 94%.<sup>[3]</sup>

**CASE REPORT**

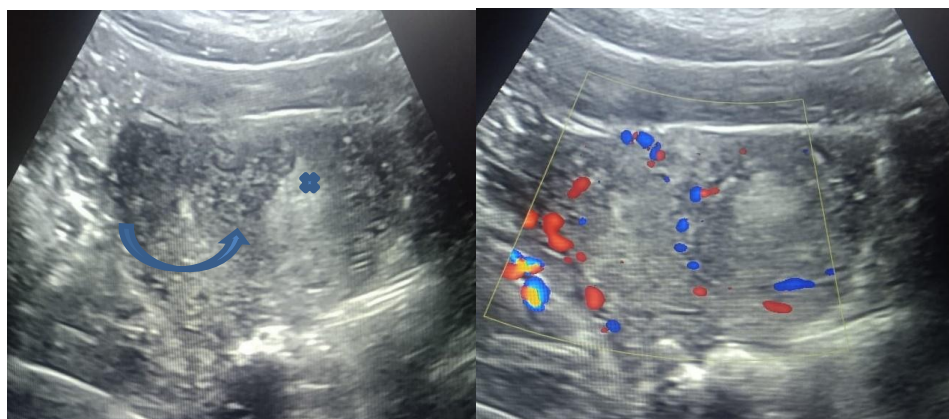
A 26 year old female presented with complaint of bleeding per vaginum from last one month post intake of MTP kit. Patient gives history of passage of clots after ingestion of medications, however bleeding persisted. The patient also complains of pain lower abdomen. Patient has no past history of live or failed pregnancies. No history of surgical procedure or intervention.

Ultrasound was performed both transabdominally and transvaginally. On ultrasound, uterus appeared normal in size, shape and uterine contour. There was no evidence of any intrauterine or extrauterine gestational sac like structure. The echogenic endometrial stripe appears separated into two halves by a septum which shows echogenicity similar to myometrium in the fundus region (Figure 1, 3). On color doppler, the septum shows internal vascularity (Figure 1b). The septum disappears and continues as single endometrial canal in the uterine body. The left half in the fundus region shows small

echogenic area measuring approx. 1.5x1.5cm showing no internal vascularity suggestive of retained products of conception (RPOCs). Thin sleeve of fluid is seen in the endometrial canal in lower uterine segment. Cervix showed normal morphology and echotexture. No free fluid seen in POD. Bilateral ovaries were normal in morphology and echotexture.

USG was helpful in detecting the uterine anomaly with associated RPOCs. Additional imaging modality like MRI is usually done following USG scan as it is beneficial in better evaluation and characterization of the defect. However, in our case patient denied to undergo MRI due to financial crisis.

Patient underwent conservative management for removal of retained products and was further counselled about prognosis of future pregnancies. The patient was also advised to undergo surgical treatment in order to prevent pregnancy failure in future.

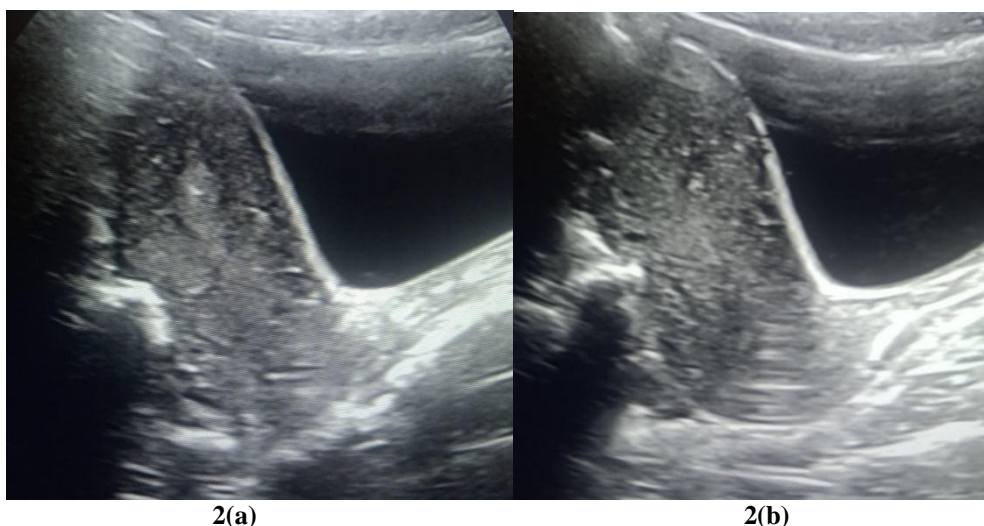


1(a)

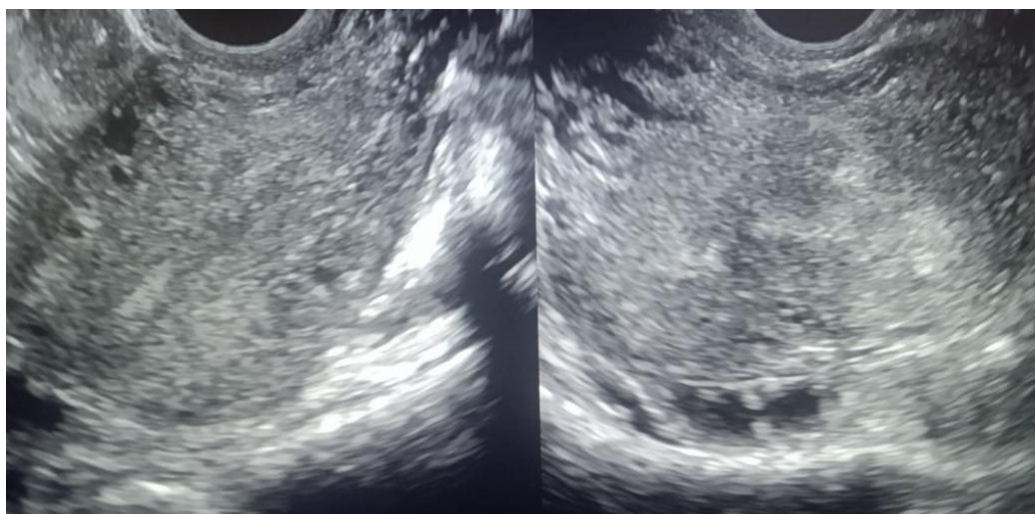
1(b)

**Figure 1: Transabdominal ultrasound (TAS) of uterus (axial section) shows two endometrial echogenic cavities in the fundus region with septum, isoechoic to myometrium (curved blue arrow) in Fig 1(a). Septum shows**

vascularity on color doppler as shown in Fig 1(b). The left half of divided endometrial stripe shows echogenic area with no internal vascularity (cross sign) suggestive of retained products of conception (RPOCs).



**Figure 2.** Sagittal section of uterus on TAS shows echogenic area in the endometrial cavity in fundus region on left swipe as shown in Fig 2(a). Endometrial cavity appears normal on right swipe in the same patient [Fig 2(b)].



**Figure 3.** Transvaginal scan corroborates findings of partial septate uterus with RPOCs.

## DISCUSSION

Congenital uterine anomalies occur due to developmental defect during embryogenesis which occurs following abnormal development of paramesonephric duct fusion during uterus development.<sup>[4]</sup>

Septate uterus (Type V uterine anomaly- ASRM) is the most frequently identified uterine malformation in patients with history of recurrent, spontaneous abortions. It occurs following incomplete resorption of the Mullerian duct during embryogenesis and is characterized by a muscular or fibrous wall called the septum.<sup>[5]</sup> It also has the worst obstetric outcomes with lower fetal survival rates and increased premature birth rates. Septate uterus can be complete or partial. The septum can affect only the cranial part of the uterus (partial septate uterus) or it may reach as far as the cervix (complete septate uterus).<sup>[5,6]</sup> In a review study done by

Acien, mean incidence for septate uterus was found to be 22% (complete septate 9%, partial septate 13%) among the all other types of mullarian anomalies.<sup>[7]</sup> In our case, patient had partial septate uterus.

It can be diagnosed by imaging modalities like ultrasound or MRI. Ultrasound is a simple, quick, non-invasive imaging modality which can be helpful for detecting and diagnosing this uterine anomaly. MRI further helps in differentiation from other uterine anomalies like arcuate and bicornuate uterus.<sup>[4]</sup>

Repair of the septate uterus is best done after hysteroscopic resection of the septum. Surgical correction of the septum after procedures like hysteroscopic metroplasty has shown to improve reproductive outcomes, with reported decline in the spontaneous abortion rate from 88% to 5.9% after.<sup>[3,5]</sup>

**CONCLUSION**

Partial septate uterus is a common congenital uterine anomaly associated with females suffering from infertility. With proper experience and technique, this anomaly can be easily detected on USG and can especially be helpful in cases where other imaging modalities cannot be done. In present case, this was an incidental finding on USG which helped in improving prognosis of future pregnancies in the patient.

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