Successful Term Pregnancy with Placental Implantation on Uterine Septum: Case Report

Uterin Septum Üzerine Plasental Implantasyon ile Başarılı Mıadında Gebelik: Olgu Sunumu

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ABSTRACT

Uterine septum is the most frequent (35-48%) structural uterine anomaly and associated with the poorest reproductive outcome. A 24 year old, nulliparous woman (G:1 P:0) applied to our clinic for routine first trimester pregnancy ultrasound. During the examination, it was recognized that most of the placenta was implanted on the uterine septum. There was no vascularity on uterine septum in doppler ultrasound. This is extremely rare case in literature showing placental implantation on uterine septum in the first trimester and reached term with successful pregnancy outcome. In conclusion, in contrast what is believed, pregnancy with placental implantation on complete uterine septum may progress successful.

Key Words: Uterine septum, placenta, vascularization, implantation

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INTRODUCTION

Congenital uterine anomalies are seen 1-3% of women, usually asymptomatic and therefore unrecognized until desire of childbearing(1). Uterine septum which is the most frequent (35-48%) structural uterine anomaly(2) and associated with the poorest reproductive outcome(3). Even if association of septum with infertility is not statistically significant between normal controls(4), it is well recognized that it worsens obstetric outcomes with high abortion (41.1%)(5), preterm delivery rate (22%)(6,7) and malpresentation at delivery(4). Apart from that, approximately 15%–25% of spontaneous abortions are thought to be caused by uterine anomalies, and almost all are associated with uterine septum(8). The reason of spontaneous abortions is generally explained by placental implantation on septum.

The poor vascularity on uterine septum has been thought to lead to poor implantation dynamics. In the current report, we aimed to present a term pregnancy with successful outcome with placental implantation on uterine septum.

CASE REPORT

A 24 year-old, nulliparous woman (G:1 P:0) applied to our clinic for routine first trimester ultrasound. During the examination, it was recognized that most of the placenta was implanted on the uterine septum (Figure 1). Patient was unaware of uterine septum before the examination. In second trimester ultrasound, there was a deep uterine septum and minimum 1/3 of the placenta was implanted on the septum (Figure 2). There was no vascularity on uterine septum in doppler ultrasound.
The septum was short and did not separate uterine cavity completely. In several studies, it was reported that miscarriages were generally related with the septum size(6) and the pregnancy outcomes were not usually affected if the septum was short and did not separate uterine cavity completely.

During the operation, deep uterine septum was observed. It divided the cavity into two and half of the placenta was located on uterine septum. The adjacent uterine cavity was empty. At post operative second day patient and the baby discharged from the hospital without any complication.

The Müllerian ducts become evident in the 6- to 7-week-old embryo and ductal fusion proceeds cephalad with later resorption of the septum(9). Septate uterus results from failure of resorption of the intervening septum. In their study 8 of 12 pregnancies were ended with abortion, one had preterm birth and only three had term births. Placentas of all three term births were implanted on the lateral wall of the uterus(13). On the other hand, in our case even if placenta was implanted mostly on the septum in the first trimester, at least a 1/3 of it in the second and third trimester, the pregnancy was ended at term (37 + 4 gestational week).

As a conclusion; pregnancy with placental implantation on complete uterine septum may progress successfully. When septum was diagnosed during the pregnancy, even if placental implantation is on the septum, patient should be informed that it may not cause a pregnancy complication.

Conflict of interest
No conflict of interest was declared by the authors.

REFERENCES