UPMC

Uterine Atony in Uterine Didelphys Post Cesarean Section: A Case Report

Tyler Murphy, D.O., Christian Hasson OMS, Jay P. McCardell D.O., David Simons, D.O.
UPMC Lititz Department of Anesthesiology

LIFE CHANGING MEDICINE

INTRODUCTION

- **Uterine Didelphys**
  - A rare form of uterine malformation.
  - Failure of the mullerian ducts to fuse, which causes a duplication of the female reproductive structures. Typically only affects the uterus and cervix, but can also include external anatomy and urinary structures.
- **Gestational considerations:**
  - Frequently associated with infertility and abortion.
  - These patients are at a higher risk of uterine atony post delivery.

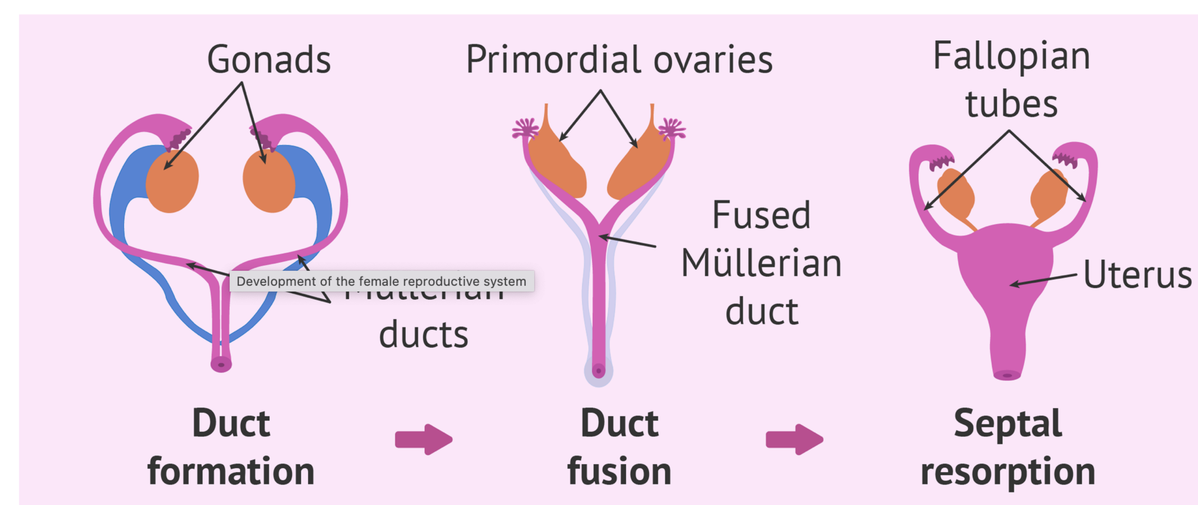

Figure 1

CASE DESCRIPTION

- 26 yo F, G1P0 at 36 weeks and 2 days gestation, presented for intractable headaches.
- PMH: uterine and vaginal didelphys, fibromyalgia
- Allergies: Nitrofuritonin
- PSHx: wisdom tooth removal
- Preeclamptic labs and head CT were negative.
- Patient's headaches persisted which led to concerns for possible atypical presentation of preeclampsia.
- Risks and benefits of both induction of labor and cesarean section were discussed. Patient opted for cesarean section

CASE DESCRIPTION

Pre-op
- Access: 18 and 20 gauge peripheral IV
- Pre-op evaluation revealed no underlying heart, lung, GI or renal issues. Patient was made an ASA 2E.

Intra-op
- Patent was prepped, draped, monitored and a spinal was placed. There was good return of CSF and surgical analgesia was obtained.
- Post delivery of the baby, patient had significant uterine atony and was given oxytocin, carboprost, methergonovine and tranexamic acid. Modified B-lunch sutures were also placed.
- After careful evaluation it was determined that atony was resolved and that hemostasis had been achieved.
- EBL: 1300ml

Post-op
- A few hours after delivery patient was found to be hypotensive, pale and diaphoretic.
- Rapid response was called and the decision was made to return to the OR for a left unilateral supracervical hysterectomy under general anesthesia.
- Patient was transfused 2 units PRBC and 1 unit of FFP during the procedure. Otherwise, an uncomplicated hysterectomy.
- Patient was placed in the ICU where she was observed over night before being transferred to the floor.
- She was stable for the remainder of her hospital course and discharged home on post-op day 6.

DISCUSSION

- While there are many interesting challenges associated with uterine didelphys, it presents a unique challenge for the anesthesiologist at the time of delivery.
  - Due to the abnormal shape of the uterus the risk of fetal malpresentation and thus cesarean section are high.
  - Along the same lines these patient are at high risk of uterine atony and subsequent postpartum hemorrhage as seen in this case.
- Because of these risks there should be regular communication with the OB providers when these women present in labor.
- The anesthesia provider should also be well prepared for the sequela of postpartum hemorrhage.
- Of note this patient was told she could still become pregnant since only one of her uteruses was removed.

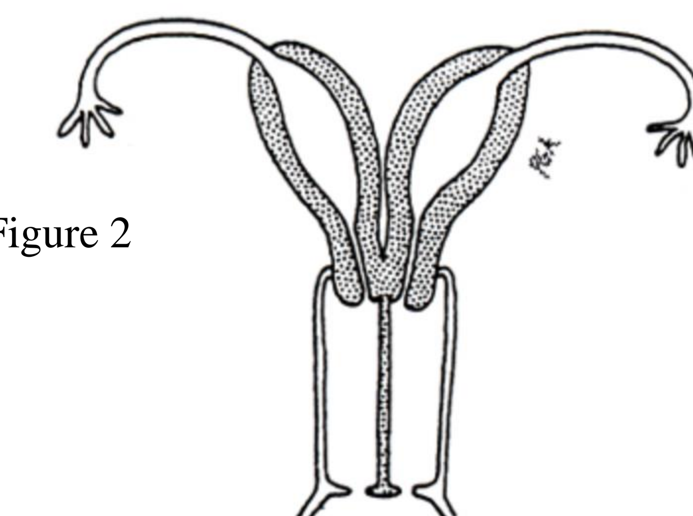

Figure 2

REFERENCES

Figure 1.
Development of the female reproductive system. [Online Image]. (Feb 2018). Retrieved April 10, 2022 online
Figure 2. Pediatric and Adolescent Gynecology, 6th ed, Emans SJ, Laufer MR (Eds), Lippincott Williams & Wilkins, Philadelphia 2012. Copyright © 2012 Lippincott Williams & Wilkins.