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RESEARCH ARTICLE

UTERINE DIDELPHYS WITH RIGHT DYSGENETIC CERVIX PRESENTING AS RIGHT HEMATOMETRA AND RIGHT HEMATOSALPINX IN AN ADOLESCENT: A CASE REPORT

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Key words:-

Uterine didelphys; Hematosalpinx;
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Abstract

Background: Mullerian duct anomalies are rare congenital disorders that may present during adolescence with obstructive symptoms.

Case: A 14-year-old unmarried girl presented with cyclic lower abdominal pain. Evaluation revealed uterine didelphys with right dysgenetic cervix complicated by right hematometra and hematosalpinx. Laparoscopic excision of the right horn with right salpingectomy was successfully performed.

Conclusion: Early diagnosis and laparoscopic management prevent long-term complications and preserve reproductive potential.

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Introduction:-

Müllerian duct anomalies result from abnormal development, fusion, or resorption of the paramesonephric ducts. Uterine didelphys represents a rare anomaly and may become symptomatic when associated with a non-communicating functional horn.

Case Report:-

A 14-year-old unmarried girl presented with progressive cyclic lower abdominal pain since menarche. External genitalia were normal. Diagnostic hysteroscopy showed a single cervix and banana-shaped uterine cavity with visualization of the left tubal ostium. Laparoscopy revealed uterine didelphys with an enlarged non-communicating right uterine horn and grossly distended right fallopian tube consistent with hematosalpinx.

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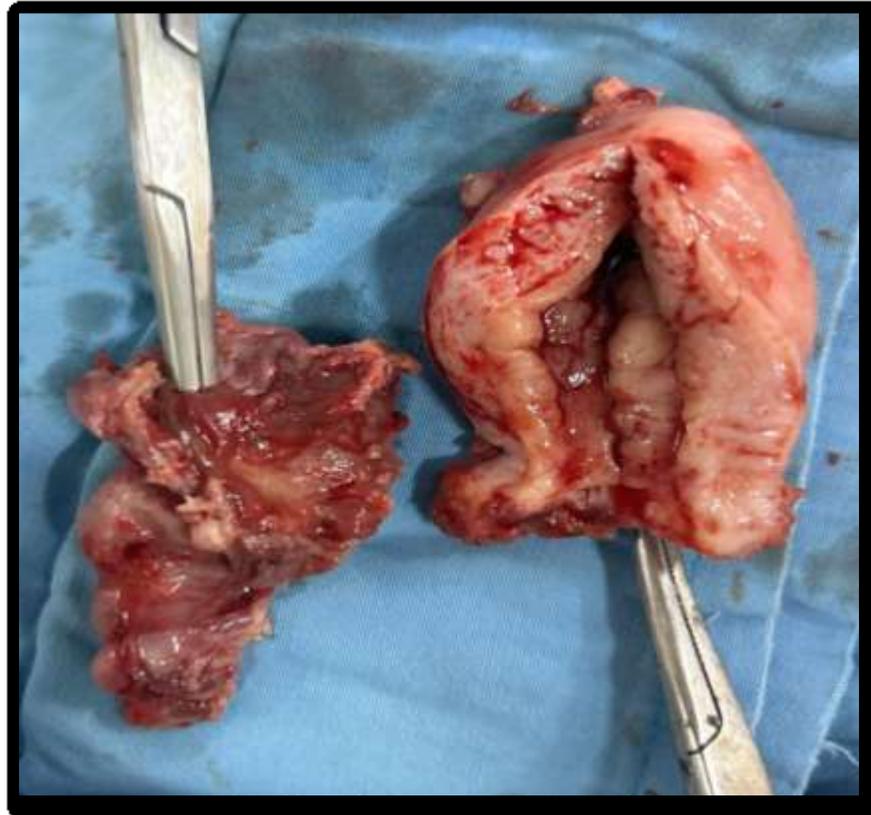
Management:-

Laparoscopic excision of the non-communicating right uterine horn along with right salpingectomy was performed. The specimen was retrieved through a small suprapubic incision and sent for histopathological examination.



Discussion:-

Non-communicating horns with functional endometrium lead to obstructive complications such as hematometra, hematosalpinx, and endometriosis. Laparoscopic excision is the treatment of choice due to minimal morbidity and excellent outcomes.



Conclusion:-

Adolescent girls presenting with cyclic pelvic pain should be evaluated for obstructive Müllerian anomalies. Laparoscopic excision of a non-communicating horn offers definitive management.

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