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A review of four cases of müllerian duct anomalies and the need for surgical correction in relation to pregnancy outcomes

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Müllerian duct anomalies result from the arrest in the normal progression during various stages of development of the female genital tract. In this paper, four (4) cases of müllerian duct anomalies will be discussed, two (2) cases of unicornuate uterus, a case of a subseptate uterus, and a case of uterus didelphys all found in patients less than 21 years of age. The prevalence of müllerian duct anomalies is at 2-3 percent in the Philippines and 0.1-3.8% in the general population. The incidence is at 1:200 to 1:600 in childbearing women and studies show that a one fourth of these encounter fertility problems. The dilemma is when a surgical approach is warranted versus medical management since most studies show that women with müllerian anomalies are also at increased risk for adverse pregnancy outcomes mainly preterm deliveries, preterm prelabor rupture of membranes, small for gestational age infants and a high rate of cesarean sections due to malpresentation. Congenital uterine anomalies do not necessarily require treatment and however, some anomalies require surgical correction. Surgery is reserved for patients who present with symptoms of outflow obstruction. The chances of fertility is also found to be promising if a minor surgical intervention is done versus a major surgical operation.

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