

# Twin Pregnancy in Uterine Didelphys - A Case Report

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Uterine didelphys is a rare congenital uterine anomaly where a person has two uteruses. It is associated with higher risk of miscarriage, preterm labour, growth restriction and breech delivery.<sup>1,2</sup> The following is a case report of a successful pregnancy with dichorionic diamniotic (DCDA) twins - one twin in each uterus.

**CASE:** CA, 35-year-old gravida 4, para 1, spontaneous conception of DCDA twins, with known bicornuate uterus and two cervixes

## Past Medical History:

- Rheumatoid Arthritis – on Plaquenil
- Hypothyroidism – Thyroxine 125mcg daily
- Factor V Leiden – Aspirin until 36 weeks
- Solitary Kidney
- Uterine Didelphys – 2 uteri and 2 cervixes; no vaginal septum

## Obstetric & Gynaecology History:

- Para 1 – singleton pregnancy, left uterus – 38 weeks, 3.2kg – Emergency Caeser with spontaneous rupture of membranes with footling presentation
- 2 spontaneous miscarriages; 2 failed IVF rounds
- Cervical Screening test up to date and normal

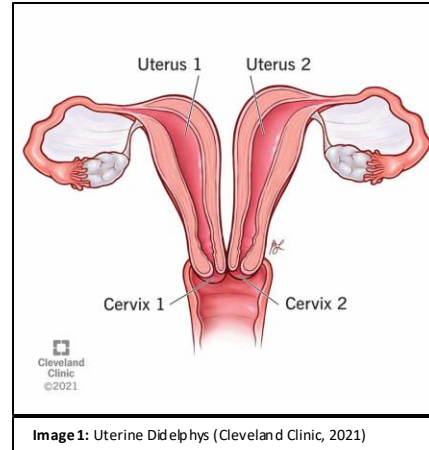


Image 1: Uterine Didelphys (Cleveland Clinic, 2021)

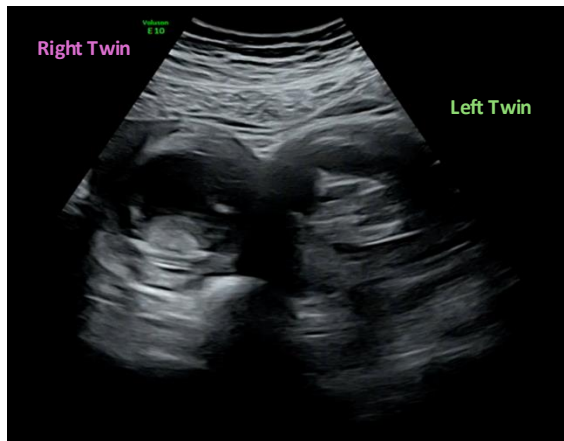


Image 2: DCDA twins with uterine didelphys (13 weeks)

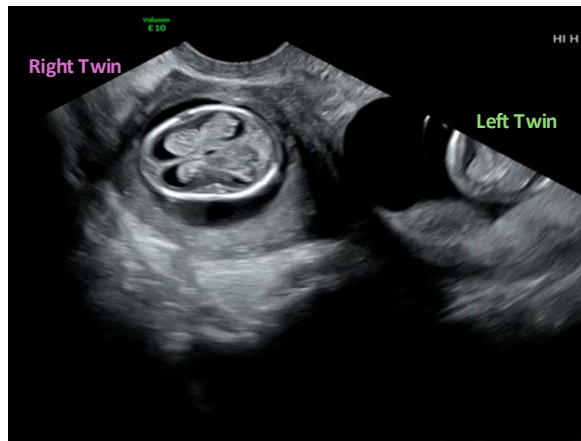


Image 3: DCDA twins with uterine didelphys (13 weeks)

## Antenatal History & Course

Booking BMI: 40

Blood group: B Positive, no antibodies

Serology: negative

Rubella: immune

NIPT Low risk

Glucose Tolerance Test: 4.4/8.2/6.2 (normal)

## Ultrasounds:

**Dating US:** 2 distinct uterine horns and 2 cervical canals; DCDA pregnancy, with a single live intrauterine pregnancy in each horn

**Nuchal Translucency:** normal x2 (Image 2 + 3), cervixes long and closed

**Morphology:** normal for both twins; placenta anterior **Twin 1**, posterior **Twin 2**, cervixes long and closed

**S28 Twin 1 (Right)** cephalic, EFW 1162g (30%), AC 40%; **Twin 2 (Left)** breech, EFW 1250g (55%), AC 70%; N DVP + Dopplers x2 (Discordance 7%)  
**S32 Twin 1** EFW 2014g (37%), AC 40%; **Twin 2** EFW 2085 (49%), AC 60%; N AFI/Dopplers x2, normal repeat echo (Discordance 3%)

## Birth and Delivery

CA had spontaneous rupture of membranes for **Twin 2** at 36 weeks and subsequent early labour.

She underwent an uncomplicated lower transverse uterine segment caesarean section for delivery of both twins

**Left Twin** – Breech (born first)

**Right Twin** – Cephalic (born second)

Estimated blood loss: 800ml

CA had an uncomplicated postpartum course and was prescribed enoxaparin for 6 weeks post-partum due to Factor V Leiden.

**Discussion:** This case describes a spontaneously conceived DCDA twin pregnancy in setting of uterine didelphys, a rare congenital uterine anomaly. She had a late preterm birth of normally grown twins. This is a rare occurrence and there is currently no international consensus or guidelines

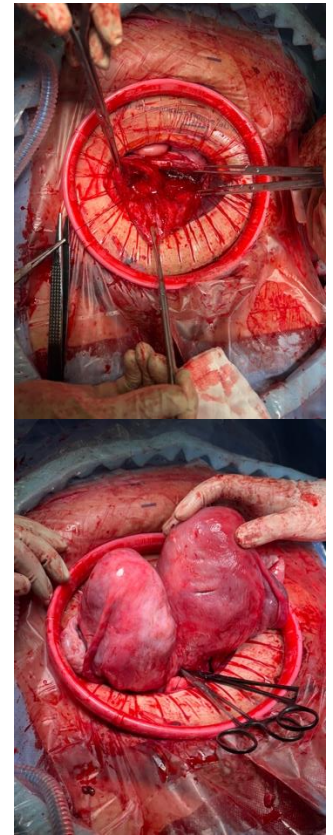


Image 4: Intraoperative images  
a. Two uterine Cavities  
b. Two uterine horns

## References:

1. Schubert, Melanie et al. "Peripartum management of dichorionic twin pregnancy in a bicornuate bicolis uterus: a case report and review of the literature." *Journal of medical case reports* vol. 18,1 196. 21 Apr. 2024, doi:10.1186/s13256-024-04506-2
2. Goulios, Chloe et al. "Management of a twin pregnancy in a didelphys uterus: one fetus in each uterine cavity." *BMJ case reports* vol. 13,8 e235256. 25 Aug. 2020, doi:10.1136/bcr-2020-235256