

Surgical Complications and Suboptimal Patient Care in a Case of Unrecognized Müllerian Anomaly with Pregnancy Loss

Jessica R. Kanter, MD and Larisa Gavrilova-Jordan, MD

Background/Synopsis: Women with Müllerian anomalies often receive suboptimal medical care due to diagnostic challenges.

Objectives/Purpose: To present a complex case of initially unrecognized unicornuate uterus with severe Asherman syndrome after dilation and curettage (D&C) and undiagnosed uterine perforation.

Design/Methods: Case report.

Results: A 35-year-old G2P0020 female presented with recurrent pregnancy loss and infertility. Her history was remarkable for D&C for missed abortion and subsequent management with two failed IVF cycles. Her initial sonohysterographic uterine cavity assessment revealed severe uterine adhesions, left unicornuate uterus, and adjacent mass suggesting a rudimentary horn. Surgical investigation was performed confirming the above along with a left horn scar from unrecognized uterine perforation during initial D&C.

Conclusion: Unrecognized uterine anomalies may lead to unrecognized surgical complications with further suboptimal management. Uterine anomalies should always be considered in women with pregnancy loss. A thorough uterine cavity assessment is imperative prior to any advanced and costly infertility treatment to provide optimal pregnancy outcomes.