



CASE REPORT

Septate Uterus



Dr. William Kondo

Curitiba, Brazil

- Gynecological surgeon focusing on minimally invasive laparoscopic procedures.
- Recognized endometriosis specialist.
- Studied pelvic reconstruction surgery at The Cleveland Clinic, Florida, United States.
- Studied gynecological endoscopy in Strasbourg and Clermont-Ferrand, France.
- An active member of the Brazilian Society of Minimally Invasive and Robotic Surgery and the Brazillian College of Surgeons.

Case Introduction

A 35-year-old patient sought medical care with a prior history of recurrent miscarriages and a bicornuate uterus.

Case Presentation

In her first pregnancy, 4 years before the consultation, the patient experienced a miscarriage at 24 weeks of gestation and underwent a normal delivery, with complete expulsion of the fetus, without the need for curettage.

Three years later she became pregnant again and had another miscarriage at 7 weeks of gestation. One year after that, she became pregnant spontaneously once more and had another miscarriage, this time at 10 weeks of gestation.

She sought our assistance and underwent a pelvic MRI which identified the presence of a partially septate uterus, with a distance from the fundus of the cavity to the uterine serosa of approximately 30mm and a distance from the fundus of the cavity to the inter-ostial line of approximately 22 mm (Figure 1-4).

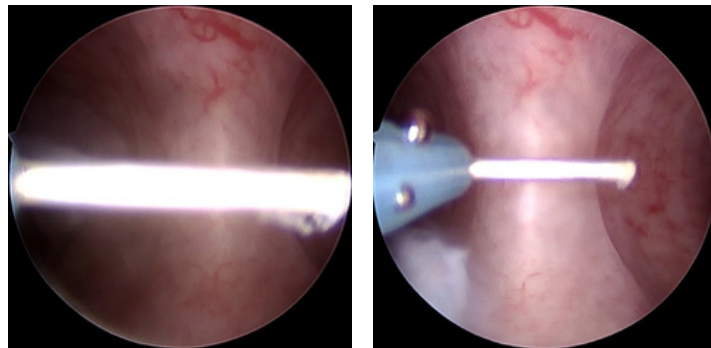


Figure 1 and 2: Uterine septum as demonstrated in the preoperative pelvic MRI

Septate Uterus

CASE REPORT

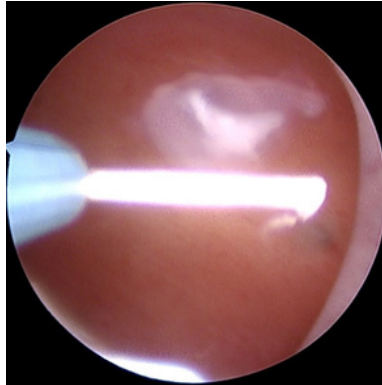


Figure 3: Image of the left tubal ostium

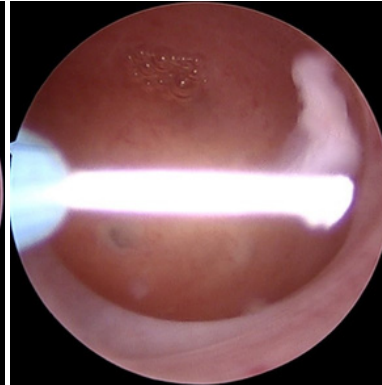


Figure 4: Image of the right tubal ostium

Surgical Procedure

She underwent surgical hysteroscopy for metroplasty, and at the end of the procedure, **Oxiplex/IU® Adhesion Barrier Gel (FzioMed®, San Luis Obispo, CA, USA)** was applied to minimize the formation of postoperative adhesions (Figure 5-11).

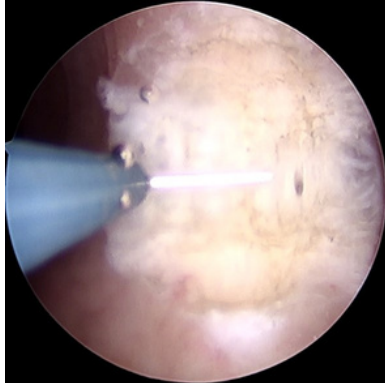


Figure 5: Fundal metroplasty along the midline.

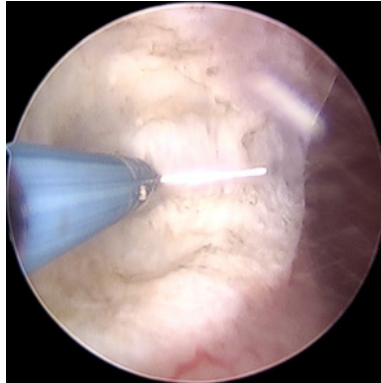


Figure 6: Fundal metroplasty on the right side.

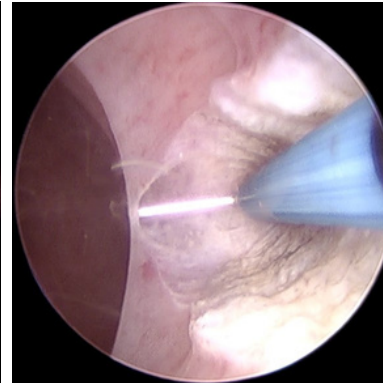


Figure 7: Fundal metroplasty on the left side.

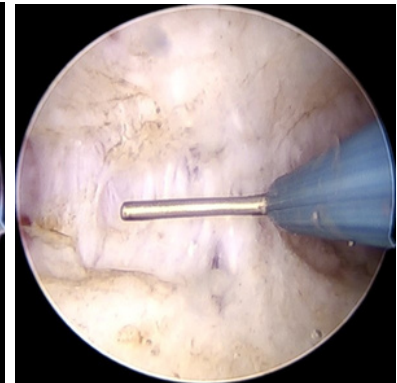


Figure 8: Completion of fundal metroplasty along the midline.

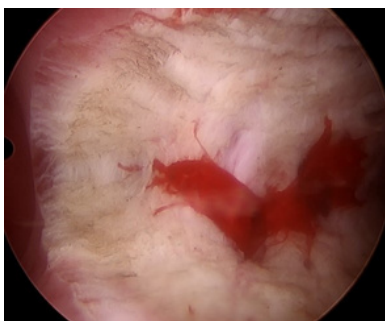


Figure 9: Final appearance of the metroplasty

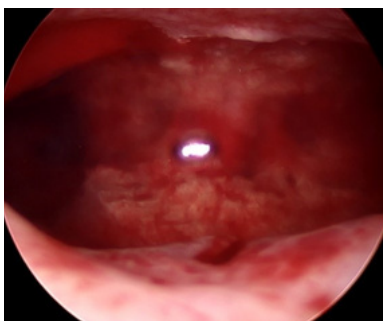


Figure 10 and 11: Injection of **Oxiplex/IU** under direct visualization with Bettocchi hysteroscope



Septate Uterus

CASE REPORT

Follow-up

A pelvic MRI was performed 30 days after the hysteroscopy procedure, showing signs of septoplasty, with a distance from the fundus of the cavity to the uterine serosa of approximately 20mm and a distance from the fundus of the cavity to the inter-ostial line of 13mm (Figure 12).

Therefore, a second-look surgical hysteroscopy for metroplasty was proposed. During the surgical procedure, a fundal metroplasty was performed again, with the cavity opened up to the inter-ostial line (Figure 13, 14, & 15).

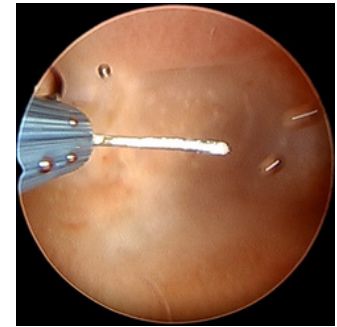


Figure 12: Residual fundal septation as demonstrated in the postoperative follow-up pelvic MRI.

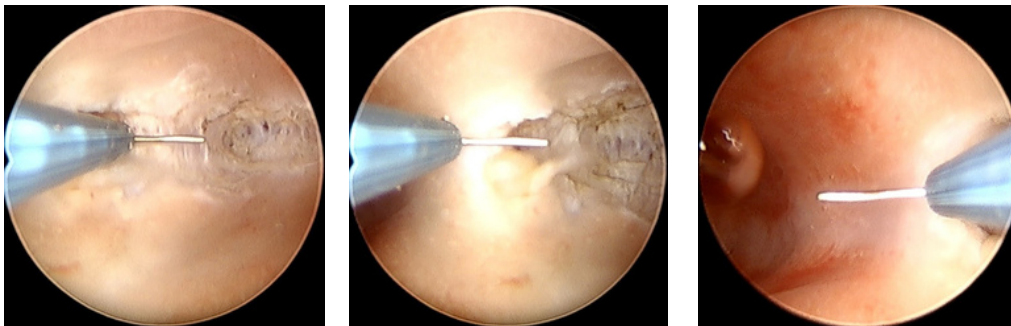


Figure 13, 14 & 15: Fundal metroplasty performed with Collins loop and mini-resectoscope.

Conclusion

Thirty days after the second hysteroscopy, a follow-up diagnostic hysteroscopy was performed, revealing a satisfactorily shaped uterine cavity and effective treatment of the uterine septum.

No intrauterine adhesions were found (Figure 16 and 17).

She was then advised to resume attempts to conceive. She successfully became pregnant 2 months after this follow-up hysteroscopy (Figure 18).

She is currently in her seventh month of pregnancy.

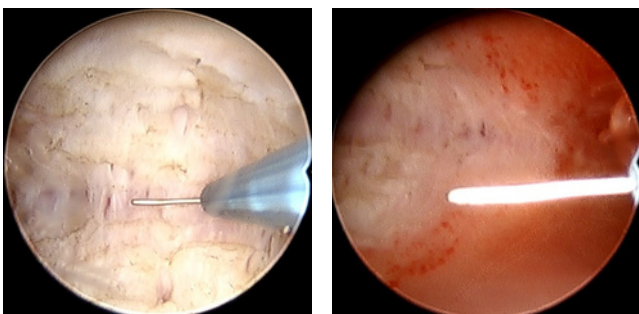


Figure 16 and 17: Final appearance after fundal metroplasty

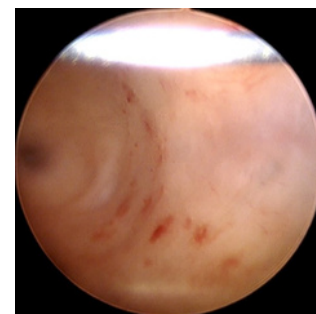


Figure 18: Image of the right tubal ostium and part of the uterine cavity,