

Bicorporeal Uterus

Patient Information Series – What you should know, what you should ask.

What is a Bicorporeal Uterus?

Bicorporeal uterus is characterized by the presence of an external indentation at the top of the uterus (fundus) in the midline that is greater than 50% of the thickness of the uterine wall. The uterine body (corpus), which may occasionally include the cervix and/or vagina, may be divided entirely or partially by this indentation. As with septate uterus, it is also accompanied by an inner indentation at the midline level that divides the cavity.

How does a Bicorporeal uterus happen?

Bicorporeal uterus is uncommon. It happens with there is a failure of fusion of the paired Mullerian duct structures in the developing embryo.

How is a Bicorporeal uterus diagnosed?

A significant proportion of structural differences in the shape and contour of the uterus are diagnosed during fertility investigations. Accurate diagnosis and correct classification help in the appropriate counselling. Imaging tools such as ultrasonography, hysterosalpingogram and MRI can non-invasively screen for and classify various structural differences in the uterus. While conventional 2D transvaginal ultrasound and HSG are considered good screening modalities, 3D TVS and MRI can accurately diagnose congenital anomalies.

How can a Bicorporeal uterus complicate a pregnancy?

The most common complication associated with bicorporeal uterus is preterm labour. A pregnancy in a bicorporeal uterus can also be succeeded by postpartum hemorrhage. This anomaly is also a risk factor for rupture for the uterus even in a first pregnancy.

Due to the association of uterine anomalies with renal anomalies, a woman is at high risk for pregnancy-induced hypertension during her gestational period.

What are the other complications of Bicorporeal Uterus?

Although bicornuate uterus is not an independent risk factor for endometrial cancer but cancer in endometrium can go undetected in this population with unusual uterine structure. If taken from the healthy uterine cavity, a biopsy can give false-negative results, leading to a delay in diagnosis and worsening the prognosis of the patient.

A longitudinal vaginal septum exists in 25% of cases which can lead to obstructive menstrual flow symptoms or painful intercourse. The most common defect is absence of one of the kidneys, a condition called "renal agenesis".

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How is a Bicorporeal Uterus managed?

The decision to manage a patient with the bicornuate uterus is pertinent to the presentation of the patient. If a woman presents for a routine evaluation during her pregnancy gets diagnosed with a bicornuate uterus, then close prenatal monitoring is indicated to prevent obstetric complications such as perterm birth.

A patient can additionally present with a history of recurrent abortions or preterm labor in preceding pregnancies. The presentation mentioned above is an indication for the surgical unification of uterus, Strassman metroplasty.

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