v. 2, n. 58, 2022

International Journal of Health Science

PREGNANCY IN A PATIENT WITH HERLYN-WERNER-WUNDERLICH SYNDROME: CASE REPORT

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Keywords: Herlyn-Werner-Wunderlich, urogenital anomalies, uterus didelphys, pregnancy.

INTRODUCTION

Herlyn-Werner-Wunderlich syndrome (HWW) is a malformation originally described by the triad uterus didelphys, lower genital obstruction and unilateral renal anomaly. The syndrome results from the fusion of the Mullerian ducts that should branch into the uterus and cervix, while failure of Wolf's ducts to develop leads to urinary tract abnormalities. With this work, we aim to report the case of successful pregnancy in a patient with Herlyn-Werner-Wunderlich Syndrome.

MATERIALS AND METHODS

A descriptive study was carried out with information obtained by reviewing the medical records, interviewing the patient, photographing the diagnostic methods and surgical procedures to which the patient was submitted.

RESULTS AND DISCUSSION

V.A.N., 18 years old, primigravid, attended in an obstetric emergency with a gestational age of 34 weeks and 5 days, according to the obstetric ultrasound of the first trimester, reporting loss of amniotic fluid starting on the same day, accompanied by low back pain with irradiation to the lower abdomen, in colic. On admission, she reported having Herlyn-Werner-Wunderlich Syndrome, with a history of surgical correction with hysteroscopy vaginal septoplasty 4 years ago. She underwent prenatal care in a tertiary hospital, without complications. On admission physical examination, the fetus was in good vitality. On abdominal abdominal examination, uterine fundus lateralized to the left, abdomen painless on palpation, absent uterine dynamics. Specular examination revealed clear fluid flowing through the external cervical os. On vaginal examination, a patent colon of a digital pulp was seen. The pregnant woman was diagnosed with antepartum rupture of ovular membranes (RAMO) and hospitalized for management of the condition. Antibiotic therapy was performed according to institutional protocol, corticosteroid therapy and surveillance of signs of chorioaminionitis. An obstetric ultrasound was performed, which showed a single, live fetus in breech presentation, weight: 1921g (P2), topical inspection placenta, fused body, zero MBV. On the Dopplervelocimetric study, there was fetal centering. During hospitalization, the patient presented high pressures and complaints of blurred vision and headache. In the screening of target organ lesions due to preeclampsia, the following laboratory alterations were observed: 3rd day of hospitalization, creatinine: 0.8mg/ Dl and urea 35mg/dL and on the 4th day of hospitalization, creatinine: 1.4mg/ Dl urea 35mg/dL. In addition, an ultrasound of the urinary tract was performed and a single kidney on the left was visualized without changes in images suggestive of renal injury.

Due to renal comorbidity and progressive clinical and laboratory worsening of preeclampsia, the pregnancy was resolved by the abdominal route at a gestational age of 35 weeks and 3 days, with intraoperative visualization of topical pregnancy in the left uterine horn, uterine horn empty right side, bilaterally present appendages without macroscopic alterations, without intraoperative complications, with birth of a fetus with good vitality, in rooming-in conditions.