



Müllerian Anomalies

Information for Patients

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What is a Müllerian Duct anomaly?

A Müllerian anomaly is the term used when a girl is born with a problem in the way that her vagina or uterus (womb) has developed. This is because the female reproductive organs develop from the Müllerian duct system. Müllerian anomalies occur when the lower portions of the two tubes of Müllerian ducts do not join together in a typical way.

Common types of Müllerian Anomalies (of womb)

A *didelphic* or double uterus: This is when each portion of the Müllerian duct has formed a uterus (womb) and cervix (neck of womb). This does not need to be treated, and periods will drain normally.



A *bicornuate* or double horned uterus is where the single uterus is partially divided by a central septum (separating tissue) into the uterus. More minor variations are sometimes called a *septate uterus*.



The removal of a large uterine septum may be offered if it is thought likely that the septum would threaten a pregnancy, but often it does not cause any problems.

Double uterus and septate uterus can sometimes result in early pregnancy loss or having a baby sooner than expected but many women will have normal pregnancies and births of their babies without any concerns.

A *unicornuate* (one sided) uterus is when one Müllerian duct has developed while the other remains small, sometimes called a uterine remnant. If there is endometrial tissue (womb lining) in the uterine remnant this may cause pain. This is known as an *obstructed uterine horn*.



Common types of vaginal anomalies

An *obstructed hemivagina* (one side of a double vagina) can occur when a unicornuate uterus on one side drains into a short blocked vagina. This will result in the build-up of period blood from the other uterus and causes pain sometimes with a swelling in the vagina.

Hymen:

When a baby is developing in the womb the hymen develops as a flat, thin piece of tissue. This normally changes before the baby is born and becomes a thin rim around the opening to the vagina which is called the hymen.

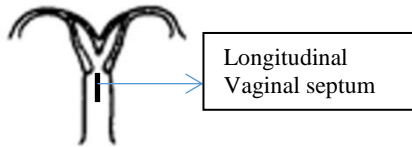
An *Imperforate hymen* occurs when the hymenal membrane does not open and is wholly blocking the

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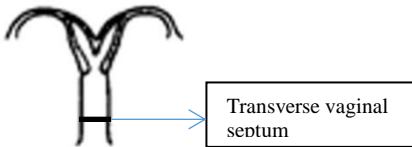
outer opening of the vagina or *microperforate hymen* when the thin tissue completely covers the opening to the vagina except for a very tiny hole in the middle.



A *vaginal septum* (longitudinal/vertical or transverse) can occur when there is a presence of tissue that separates vagina into two compartments that may be connecting and opening to the outside or may result in a blocked vagina on one or both sides. This may result in difficulties such as in inserting tampons, having sex or collection of blood in vagina (haematocolpos) if blocking the flow of periods outwards.



A *transverse vaginal septum* is when a piece of tissue blocks the vagina, separating the upper part of the vagina from the lower. The septum (separating tissue) can be of varying thickness and can be in different places along the vaginal canal.



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When menses (periods) begin, blood from each cycle can build up behind the imperforate hymen, transverse septum or rare condition where the neck of womb (cervix) is absent (called *cervical agenesis*). This can cause swelling, pain and further complications if not treated. The blood can be released during surgery.

Further investigations

An ultrasound scan can pick up some of these anomalies but you may need more tests to get better understanding of what type of anomaly you have. Your doctor will arrange an MRI scan to assess which type of Mullerian Anomaly is present. Sometimes there is a change to the development of the kidneys, such as having just one kidney and the MRI scan will also give this information, but treatment for the kidneys is not usually needed.

What treatment is needed?

Surgery is required when a girl or woman has period blood either in a uterine remnant or an obstructed vagina which is blocked and cannot come out. This is performed through the vagina or keyhole route. Your doctor will be able to tell you more about it.

Sometimes, your doctor may also suggest using dilators to stretch the vagina if indicated.

A surgeon can easily remove the central portion of an imperforate hymen but a transverse septum involves more complex surgery and may require the patient to undertake aftercare in the form of the use of vaginal dilators (see the vaginal dilation leaflet).

Will I be able to have a baby in future if I want?

Most of the young girls and women with these conditions will be able to get pregnant and have a baby on their own but it does depend on type of anomaly you are found to have.

Your doctor will be able to talk you through this in more detail or refer to a specialist who is expert in this field. Please do not hesitate to ask your doctor or nurse if you have more questions.

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*Revised by Dr Meenakshi Choudhary
on behalf of BritSPAG*