

Anomalies of female sexual organs and pregnancy

Opinion

The birth of healthy embryo is subject to many factors. It is important to detect them preconceptionally. They occur during intrauterine development and differentiation. The prevalence is 6, 7%. They can be caused by viral and parasitic diseases, the use of drugs. They are represented as the hymen without perforations, transverse buckheads and atresia vaginal, aplasia or atresia cervical, Mayer-Rokitansky-Küster-Hauser syndrome, uterus arcuatus, uterus septus or subseptus, bicornis unicolis or bicolis, didelphus cum vagina duplex. The consequences are amenorrhea, infertility, miscarriages, premature births, low birth weight embryo. Diagnosis is made by ultrasonography, hysteroscopic, laparoscopy, MR. This individual.

Aim

We want to show the possibilities of primary health care for women for successful management of these pregnancies.

Display of cases

(Figures 1-3)



Figure 1 Patient D.M.1983.age1th pregnancy blighted ovum m.l.II.In next pregnancy ultrasound examinations were carried out 5time.A live female child was obtained by surgery1800/40.



Figure 2 Patient Dj.B.1983 age. Ultrasound examination carried out 5 times. Spontaneously delivered a live male child 2600/50.

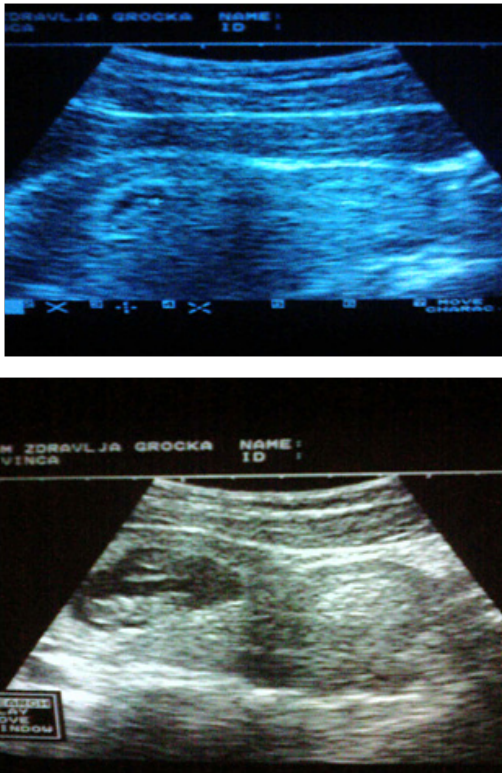


Figure 3 Patient G.J. 1988 age Ultrasound examination carried out 6 times. Spontaneously delivered a live male child 2600/50.

All patients were first examined in our services, when at us examinations are detected anomalies. All of them had one vagina and uterus bicornis unicollis. There were no hospitalizations. The embryos were low body weight. Conclusion/Great importance in detection of these changes has preconceptionally ultrasound examination. The course of pregnancy is caused by good connections to gynecologist at all levels of health care.¹

Acknowledgements

None.

Conflicts of interest

The author declares there is no conflict of interest.

References

1. Jarcho J. Malformations of the uterus; review of the subject, including embryology, comparative anatomy, diagnosis and report of cases. *Am J Surg.* 1946;71:106–166.