

# The step-by-step hysteroscopic treatment of patients with vaginal and complete uterine septum with double cervix (U2bC2V1)

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**Objective:** To demonstrate a systematic approach for the hysteroscopic management of a patient with uterine septum with double cervix and a nonobstructive longitudinal vaginal septum (Class U2bC2V1 of the ESHRE/ESGE classification).

**Design:** A step-by-step demonstration of the technique with narrated video footage of three different cases.

**Setting:** University Hospital.

**Patient(s):** We present three patients diagnosed with uterine septum with double cervix and a nonobstructive longitudinal vaginal septum (Class U2bC2V1 of the ESHRE/ESGE classification). Case 1 is a 31-year-old woman with class U2bC2V1 müllerian anomaly and primary infertility. Case 2 is a 29-year-old patient with class U2bC2V1 müllerian anomaly, infertility, and dyspareunia. Case 3 is a 32-year-old patient with class U2bC2V1 müllerian anomaly, infertility, and abnormal uterine bleeding. She also was diagnosed with a submucous leiomyoma.

**Intervention(s):** Hysteroscopic management of this complex müllerian anomaly using miniaturized hysteroscopic instruments, including the mini-resectoscope, was performed. All three procedures were performed in the operating room with the patient under general anesthesia. No complications were encountered. Patients were discharged home the same day of the procedure after a short period of observation. The critical aspects of the procedure are highlighted.

**Main Outcome Measure(s):** Description of the systematic approach with a detailed demonstration of the critical steps of the procedure.

**Result(s):** Complete resolution of the vaginal septum with creation of a single uterine cavity was obtained in all three cases. Absence of intrauterine adhesion formation was confirmed.

**Conclusion(s):** Due to the recent innovations in hysteroscopic equipment and improved surgical techniques, the hysteroscopic management of patients with complex müllerian anomalies using miniaturized instruments is a feasible and effective treatment option. (Fertil Steril® 2021;116:602-604.

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**El resumen está disponible en Español al final del artículo.**

**Key Words:** Hysteroscopy, septum, müllerian anomalies

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[https://youtu.be/v\\_cfMA8ljYs](https://youtu.be/v_cfMA8ljYs)

## SUGGESTED READING

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**El tratamiento histeroscópico paso a paso de pacientes con tabique vaginal y uterino completo con doble cuello uterino (U2bC2V1).**

**Objetivo:** Demostrar un enfoque sistemático para el manejo histeroscópico de una paciente con tabique uterino con doble cérvix y tabique vaginal longitudinal no obstructivo (Clase U2bC2V1 de la clasificación ESHRE / ESGE).

**Diseño:** Demostración paso a paso de la técnica con secuencias de video narradas de tres casos diferentes.

**Entorno:** Hospital Universitario.

**Paciente (s):** Presentamos tres pacientes diagnosticadas de tabique uterino con doble cérvix y tabique vaginal longitudinal no obstructivo (Clase U2bC2V1 de la clasificación ESHRE / ESGE). El caso 1 es una mujer de 31 años con anomalía mülleriana de clase U2bC2V1 e infertilidad primaria. El caso 2 es un paciente de 29 años con anomalía mülleriana clase U2bC2V, infertilidad y dispareunia. El caso 3 es una paciente de 32 años con anomalía mülleriana clase U2bC2V1 infertilidad y sangrado uterino anormal. Ella también fue diagnosticada con leiomioma submucoso.

**Intervención (es):** Manejo histeroscópico de esta anomalía compleja mülleriana utilizando instrumentos histeroscópicos miniaturizados, incluido el mini-resectoscopio. Los tres procedimientos se realizaron en el quirófano con el paciente bajo anestesia general. No se encontraron complicaciones. Las pacientes fueron dadas de alta el mismo día del procedimiento después de un breve período de observación. Se destacan los aspectos críticos del procedimiento.

**Principales medidas de resultado:** Descripción del enfoque sistemático con una demostración detallada de los pasos críticos del procedimiento.

**Resultado (s):** Se obtuvo la resolución completa del tabique vaginal con la creación de una única cavidad uterina en los tres casos. Se confirmó la ausencia de formación de adherencias intrauterinas.

**Conclusión (es):** Debido a las recientes innovaciones en el equipo histeroscópico y las técnicas quirúrgicas mejoradas, el manejo histeroscópico de pacientes con anomalías complejas müllerianas utilizando instrumentos miniaturizados es una opción de tratamiento viable y eficaz.