

# Commentary on Septate uterus discovery during an emergency cesarean section in the North Eastern of the Democratic Republic of Congo: A case report and review of the literature

Bakwanamaha Maha Alain<sup>1\*</sup>, Muhindo Vunyatsi Faustin<sup>2</sup>, Kataka Asifiwe Olga<sup>1</sup>

<sup>1</sup>Faculty of Medicine, Catholic University of Graben, Butembo, Democratic Republic of the Congo

<sup>2</sup>Department of Gynecology & Obstetrics, Oicha General Referral Hospital, Oicha, Democratic Republic of the Congo

## Article Info

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### \*Correspondence:

\*Ms. Bakwanamaha Maha Alain, Faculty of Medicine, Catholic University of Graben, Butembo, Democratic Republic of the Congo. Email: [alainmaha15@gmail.com](mailto:alainmaha15@gmail.com)

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## Abstract

In the limited resources settings of sub-Saharan Africa generally and specifically in a region affected by armed conflict, diagnosis and management of congenital malformations pose significant challenges. This commentary on “Septate uterus discovery during an emergency cesarean section in the North Eastern of the Democratic Republic of Congo: A case report and review of the literature”, examines the diagnostic challenges, the impact of armed conflict on maternal health and the management strategies. In addition, it highlights the importance of accurate diagnosis and effective management in obstetric care and calls for building of research networking to improve the detection and treatment of congenital malformation in rural armed conflict zones with limited healthcare resources.

## Introduction and Background

Septate uterus is a common congenital malformation of the uterus, with a prevalence of approximately 1-2% in the general population and up to 15% among women with recurrent pregnancy loss. This malformation is characterized by a division of the uterus with a fibrous or muscular septum, either partially or completely, due to incomplete resorption of the Müllerian duct during embryogenesis<sup>1</sup>. Usually, the septate uterus is not found unless in case of complications during pregnancy or births, such as recurrent miscarriages, premature delivery, fetal malposition, intrauterine growth retardation, or postpartum hemorrhage<sup>1,2</sup>. The North Eastern Democratic Republic of Congo (DRC) is a rural area of sub-Saharan Africa particularly affected by an armed conflict for over 30 years. The diagnosis and treatment of a septate uterus is a challenge because of limited healthcare resources; a high maternal mortality rates, and accessibility of advanced tools such as 3D ultrasound or MRI<sup>3,4</sup>. The diagnosis of a septate uterus during an emergency cesarean section in the North Eastern Democratic Republic of Congo underlines the importance of accurate diagnostics, effective management in obstetric care, and a call for more research and working with international medical groups to improve the detection and treatment of uterine problems in rural area settings affected by conflict with limited healthcare resources<sup>5</sup>.

## Understanding and Diagnosing a Septate Uterus: Challenges in a Rural area affected by conflict and settings with limited resources

In this rural region affected by an armed conflict of Democratic

Republic of Congo, located in sub-Saharan Africa, the case of a 25-year-old, female booked G7P3A3 at 39 weeks and 4 days with a history of miscarriages and preterm delivery for the second, fourth, and fifth pregnancies. Who had an emergency cesarean section on the last one due to a contracted pelvis on a term pregnancy. Who delivered a male baby of 3000 g, APGAR score of 9, 10, 10. Whose intraoperative findings revealed a partial septate uterus and the abdominopelvic cavity organs anatomically normal. Of whom the postpartum was uneventful<sup>5</sup>, offers a unique lens through which one can examine the complexities of diagnosing and managing reproductive health issues. This case underscores several critical themes.

### **The diagnostic challenges**

The intraoperative examination findings revealed that an asymmetrical uterus laterodeviates to the right with two matrix cavities separated by a septum which extended from the uterine fundus to the uterine isthmus, with one cervical canal and one vaginal canal. It was a corporeal septate uterus. There was a slight indentation at the uterus fundus<sup>5</sup>. Such as in the limited resources settings, healthcare providers often depend on clinical examinations and patients' history. Accessibility of advanced diagnostic equipment such as 3D ultrasonography, hysteroscopy, and MRI, which are the gold standard for detection of uterine anomalies<sup>6</sup>, is not easily. In addition, many women may not receive regular prenatal care, leaving conditions like a septate uterus undiagnosed until complications emerge, such as during labor or emergency situations<sup>7,8</sup>. Therefore, an emergency cesarean section becomes not just a lifesaving procedure for the mother and child but also a critical moment for diagnosis that may not have been possible with prior healthcare access<sup>8</sup>.

### **The Impact of Conflict on Maternal Health**

The exposure to armed conflict has a multitude of effects on outcomes in pregnancy, contributing to higher mortality for women during both war and postwar periods. Exposure constraints women's and girls' access to reproductive health services by disruption in healthcare infrastructure<sup>9</sup>. Restricted access to family planning and health care initiatives leads to an increase in the frequency of unintended pregnancies and criminal abortions<sup>8</sup>. To illustrate, in sub-Saharan Africa, unintended pregnancy accounts for more than a quarter of the 40 million pregnancies that occur annually<sup>10,11</sup>. So, in the armed conflict region of the North Eastern Democratic Republic of Congo, the impact of armed conflict on maternal health as it contributes to elevated maternal and neonatal morbidity and mortality rates cannot be overstated<sup>7-9</sup>.

### **The management strategies, the importance of training, and capacity building in resource-limited settings**

Management of congenital malformation will require

pooling of resources to enhance local conditions of health facilities and to create collaborative care groups. So, this collaborative care group will work on the conception and implementation of our own model of prevention, diagnosis and management of congenital anomalies based on our peculiar social, environmental, and economic circumstances. These strategies include early diagnosis, access to health care services, and community awareness campaigns. For example, the prenatal screening and regular health check-ups are crucial for the identification of congenital conditions<sup>12</sup>.

Training and capacity building are vital components of management strategies. Diagnosis and effective treatment of congenital malformations require a health professional well equipped. This encompasses continuing medical education and specialized training programs that focus on the challenges faced in the region. In addition, the capacity building extends to local healthcare facilities; community awareness and educating communities are also important to prevent stigmatization or misunderstanding of congenital conditions<sup>13</sup>.

### **The advocacy for improved maternal Health Services**

From this case report, the advocacy for improved maternal health in this region of sub-Saharan Africa emphasizes the urgent need for accessible healthcare services, skilled attendance at birth, and comprehensive prenatal care. Organizations strive to raise awareness, address socio-economic disparities, and empower women to ensure healthier outcomes for mothers and their children. Stakeholders, including local governments and international organizations, need to work collaboratively to address these systemic issues<sup>14</sup>.

### **Conclusion**

This commentary on the experience of diagnosing a uterine congenital malformation, such as septate uterus, in the North Eastern Democratic Republic of Congo (DRC), an armed conflict region of sub-Saharan Africa, illustrates the challenges and complexities of diagnosing and managing congenital malformations, and examines the intersection of reproductive health, conflict, and healthcare accessibility. It calls attention to the pressing need for peace, for improved diagnostic capabilities, comprehensive training for healthcare workers, and significant investments in maternal health infrastructure to ensure that women, particularly in challenging environments, receive the care they need during pregnancy and childbirth.

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