## Double Trouble – audio transcript

Did you know that there's women walking around with two uteruses and don't know it? Could that be you? We're running. We're diving into the world of reproductive physiology, so buckle up. Welcome to Double Trouble, the tale of two uteruses. Let me explain the double uterus problem. It's a medical condition where a woman is born with two uteruses, sometimes two cervixes, and in rare cases, even two vaginas.

Yeah, that means two baby-making machines, can you even imagine? This type of disease affects all women across the world, making it harder to get pregnant or keep their pregnancy healthy. For some cases, this requires surgery, depending on how severe the condition is. And since this issue affects all women worldwide, those in developing countries like Africa or Asia don't have access to the same expensive treatment options. Let's not forget, money is always an issue with healthcare.

Now, this isn't just an interesting fact for a party, it's a global health issue. And it's a lot more common than you might think, affecting an estimated one in every 2,000 women worldwide, according to a 2022 case study from the journal Annals of Pediatric Surgery. But here's the twist. Many women don't even know they have it until they're trying to get pregnant or struggling to stay pregnant. So, how does uterus duplication come about in humans, would be my first question. And let's break it down. This condition is called uterus didelphys, which if you ask me sounds like a spell that you'd learn at Hogwarts. Just so we're all on the same page here, let's do some quick vocab housekeeping. I'm gonna explain the terms uterus, ovary, and fertility, because I'll be using them throughout this podcast.

The uterus is the organ where fetal development occurs during the pregnancy. The ovary is the gland that makes the eggs and their hormones. And fertility is just the capability to conceive children. So, let's talk symptoms. The thing about the symptoms of this disease is that there actually are none. Well, visible symptoms, I should say. Many women with uterus didelphys are asymptomatic, which means that they don't show any visible symptoms. And when symptoms do occur, they may include painful bleeding, painful intercourse, or reproductive issues like infertility or recurrent pregnancy loss. So why does this condition go undiagnosed? These sneaky symptoms are easy to overlook, but they can be life-changing. Imagine your body's doing everything it's supposed to, but it still doesn't work the way you expect. That's what happened to one woman from Addis Ababa, Ethiopia, who at 39 years old was diagnosed with uterus didelphys for the first time.

Let me bring my cousin Amy into the picture with a case study of this disease. Amy is a 30-year medical student doing her clinical rotations in Addis Ababa, Ethiopia. She came across this patient during one of her ER rotations while with her attending physician. This woman waltzed into the emergency room for a different medical concern, and after the doctor issued an MRI of her abdomen, they noticed something rather odd. Amy and her attendings soon realized that this patient of theirs had two fully formed uteruses with one normal set of ovaries. I don't know about you, but my immediate question was what would it look like if she became pregnant? Would she have twins because of her double uteruses?

Well, curiosity definitely killed the cat, and we answered my questions by saying that this 39 year old woman had never tried to have kids before, but nonetheless, a pregnancy would be a significant risk in her present condition. So now we're going to get into the nitty gritty of this surgical operation, so brace with me. Amy went on to explain that the surgery she underwent, where doctors surgically cut both of her uteruses in half to stitch them together to form one uterus, and the surgery did go well. I also, while we had Amy, asked about her take on the role of socioeconomic obstacles in the way of diagnosis and treatment. Uh, yeah. So I met this patient for the first time during rounds. She was a lady in her mid-30s, very bubbly, very eager to assure us that she was just fine despite some post-surgical pain. She wasn't my patient, so I asked my attending what she was there for, and he explained that she had a uracoduct repair, which was very confusing. The uracus is a tube that connects our belly button to our bladder in fetal development. Usually, it closes up by the time we're born.

Hers, however, had remained open. But that wasn't the confusing part. What confused me is that this is usually detected at infancy because urine would be coming out through the belly button the parents would notice early on. But she's in her mid-30s, so I asked my attending if she didn't have any symptoms, and he assured me that she did have symptoms but never seeked medical care for two reasons. Firstly, her symptoms would come and go, so they weren't really debilitating. And secondly, she didn't really want to be a financial burden on her family. However, that came with the sad reality that the fact that urine had been passing through a part of the body that it wasn't supposed to be passing through for all those years put her at high risk for cancer. In addition, upon further investigation at our institution, we realized that she also had a double uterus, which unfortunately needed a surgical repair. She also had vaginal atrophy.

This required something we call a sigmoid vaginoplasty, which means a part of her large intestine or her colon would need to be taken to build a whole new vagina for her. This is very intensive. She would need multiple surgical procedures. And yes, fortunately, she did get all of them done, but it was very intensive, definitely. All right, one more question, Amy. From your experience in Addis Ababa, Do you think that economic and social factors affect a woman's ability to get timely diagnosis and treatment? Yeah, finances do play a role in patient treatment over here. As I stated, this particular patient didn't seek treatment earlier because of the financial burden that comes with it. And the sad reality is that in our country, being able to get treatment is a blessing on its own.

For many, despite financial burdens, aid they might not be able to find treatment or medication in the country so that's another problem on its own but yes um finances do play a role a big thank you to Amy. Her story was the inspiration that sparked this entire podcast. And what she's saying is right. The International Journal of environmental research and public health conducted a study on this condition in 2022. And yes, I read this entire research paper, so you didn't have to. But the paper states that women diagnosed with uterus didelphys have higher risk of miscarriages, premature births, and higher infertility rates. The paper also details how in some cases, surgery is required to reconstruct the uterus or manage complications. And for our patient in Addis Ababa, her uteruses were surgically separated and stitched into a more stable form, like Amy told us. So what? What now?

What about those affected and how they can get this treatment that I've been talking about? Imagine being our Jane Doe here. Instead of living somewhere with access to healthcare, you're being raised in a rural village in a low-income country. No OBGYN, no ultrasound, no fancy hospital. Just you, your double uterus, and a whole lot of confusion and discomfort. Now multiply that by millions of women worldwide. Let's be real. In wealthier countries, this condition is a diagnosis that can be treated early. But in under-resourced areas, it's a mystery that might never be solved until it's too late. But here's what really stuck with me. The difference in healthcare outcomes is huge, depending on where you live. Diagnosis usually involves imaging techniques like ultrasounds and MRIs. However, these diagnostic tools might not be readily available in all healthcare settings. leading to underdiagnosis.

In countries like the US, early diagnosis and treatments are possible because of access to OBGYNs and these routine ultrasounds and comprehensive care. But in many developing countries, places like rural Ethiopia or parts of South Asia, there's no infrastructure to even detect uterus didelphys, let alone treat it. This brings us to a deeper issue. the global wealth gap when it comes to healthcare. First world countries are focused on harm reduction and prevention, while third world countries are miles behind and focused on enacting treatment and reacting rather than preventing. I want you to imagine being that Jane Doe in a village in Africa.

No ultrasound, no doctor, just pain and confusion. Now multiply her story by millions. That's where healthcare inequality hits hard. So why should you care? Because healthcare doesn't stop at country borders, where one species, we share the same DNA, the same challenges, and the same responsibility. If socioeconomic factors are contributing to a rise in untreated life-threatening conditions like uterus didelphys, that affects the entire global gene pool.

So we should care about this. As one species sharing the planet's resources, inequality anywhere affects us all. When one group is denied access, it holds back the whole of humanity. And here's the kicker. That means that inequality in healthcare isn't just a them problem. us problem because when women in under-resourced regions are left untreated for weakening the health of our entire So, what have we learned? Yes, people can have two uteruses, and yes, it can affect their pregnancy, fertility, and long-term health. But most importantly, it's a condition that disproportionately affects women of color in developing countries who lack access to care. We may not be able to stop every disease, but we can challenge the systems that make healthcare a privilege instead of a right. So what can you do? Start by learning. Start by sharing. podcast and start by caring this has been double trouble the tale of two uteruses because when one woman's health is ignored the whole world suffers.