A 27 year old woman, presenting for investigation of primary infertility and dyspareunia, was found to have complete longitudinal vaginal septum, cervical duplication and two endometrial cavities. Saline infusion sonohysterography and diagnostic hysteroscopy revealed two completely separate uterine cavities, each communicating with its own cervix. Laparoscopy demonstrated a normal uterine contour. This case contributes to the incidence of this inimitable mullerian anomaly that is inconsistent with our current understanding of Mullerian development. An alternative embryological mechanism is reviewed to account for this and other anomalies which do not fit into existing classification systems.

After ruling out sperm and tubal factors for infertility, the vaginal septum was resected. Postoperative recovery was uneventful and the dyspareunia improved. Three months after surgery, the desired pregnancy was achieved. The patient is now pregnant at 33-34 weeks Age of Gestation.

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