A 30-year-old woman was seen at 24 weeks for a discrepancy between the symphysis-fundal height and the gestation by dates. Ultrasound examination revealed a twin pregnancy and showed the placentas to be implanted ‘back-to-back’ over what appeared to be a septum that extended from the uterine fundus to the cervix (Fig. 1). A bicornuate unicollis uterus was confirmed on MRI and revealed two divergent uterine horns separated by a deep fundal cleft, surrounded by myometrial tissue, containing a fetus within each horn (Fig. 2).

A spectrum of congenital uterine malformations is attributed to the abnormal fusion of the pair of Müllerian ducts or failure of the absorption of the uterine septum;\textsuperscript{2,3} bicornuate uterus is the most common.\textsuperscript{3} Spontaneous twin gestation in a case of bicornuate uterus is rare. MRI is a valuable adjunct to sonar, which can be diagnostically limited in the third trimester. MRI assists in delineating external uterine contour, characterising septal composition, endometrial/myometrial ratio and defining the subtype of Müllerian duct anomalies.\textsuperscript{3} Deep uterine bifurcation causes myometrial distortion denying each corpus the full complement of musculature, resulting in a higher incidence of reproductive loss, malpresentations, fetal dysmophia, premature labour and perinatal morbidity and mortality as well as maternal death.\textsuperscript{2-4}

MRI influenced management in our patient by characterising the uterine anatomy, so allowing proper surgical intervention and planning the future management of pregnancies.