UTERINE CERVICAL DIVERTICULUM PRESENTING AS REPEATED HEMATOMETRA REFRACTORY TO TREATMENT IN A 26 YEAR OLD NULLIGRAVIDA: A CASE REPORT.

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INTRODUCTION

Uterine diverticulum is a rare malformation. Pathogenesis is considered to be a partial duplication of de Mullerian duct or as a result of localized failure of the fusion on the midline, which may create a vulnerable site in the uterine wall, which undergoes under gradual dilatation. We describe a case of a woman who presented a cervical uterine diverticulum diagnosed in context of repeated episodes of abdominal pain with hematometra.

The authors declare no conflict of interest.

Clinical Presentation of Uterine Diverticulum

- Primary infertility
- Abdominal pain
- Abnormal uterine bleeding
- Dysmenorrhea
- Gynecological sepsis
- Pregnancy complications

CASE

A 26-year-old nulligravida, with diagnosis of primary dysmenorrhea, without previous surgeries presented twice in less than 6 months to the emergency department with severe abdominopelvic pain. In both opportunities a bicornuate uterus with intrauterine collection suggestive of hematometra was suspected requiring emergency uterine aspiration and curettage. After the first episode she was using continuous oral contraceptives (COC). Pathology informed mucus and endocervical epithelium without morphologic alterations for both specimens.

Further study with pelvic magnetic resonance (MRI) informed presence of an 8 cm parauterine ovoid lesion with an internal cavity communicated with endometrial and endocervical canal and a left uterus with normal configuration.

METHODS

A hysteroscopy + exploratory laparoscopy was performed. Hysteroscopy showed a pathologic uterine cavity with pale glandular lining and muco-hematic adherent content. Another cavity was identified and explored, hysteroscopic vision showed a normal distensible endometrial cavity, both ostia were identified.

Laparoscopy showed normal uterus and adnexa, with a 6 cm billobulated retrouterine tumor lateralized to the right. The tumor was resected with monopolar hook. After the tumor resection a defect of 1.5 cm was showed, intrauterine cannula was visible. The defect was repaired with double layer closure. Blue dye test showed permeability of both fallopian tubes, without leakage of blue dye through de closure of the posterior wall defect.

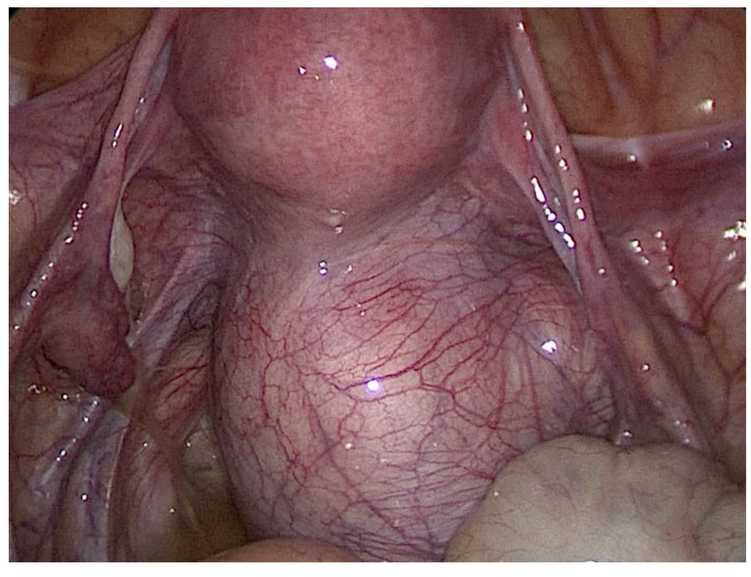
Biopsy informed fragments of tissue constituted of endocervical stroma and endocervical epithelium without morphologic alterations.

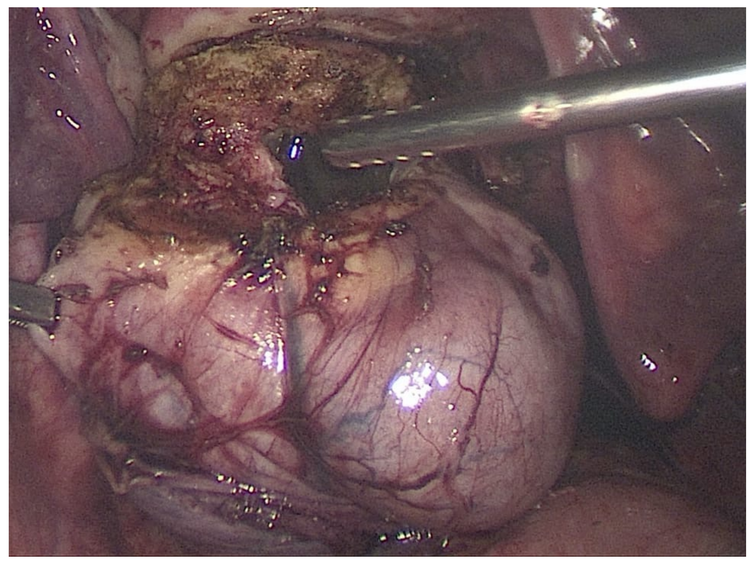
RESULTS

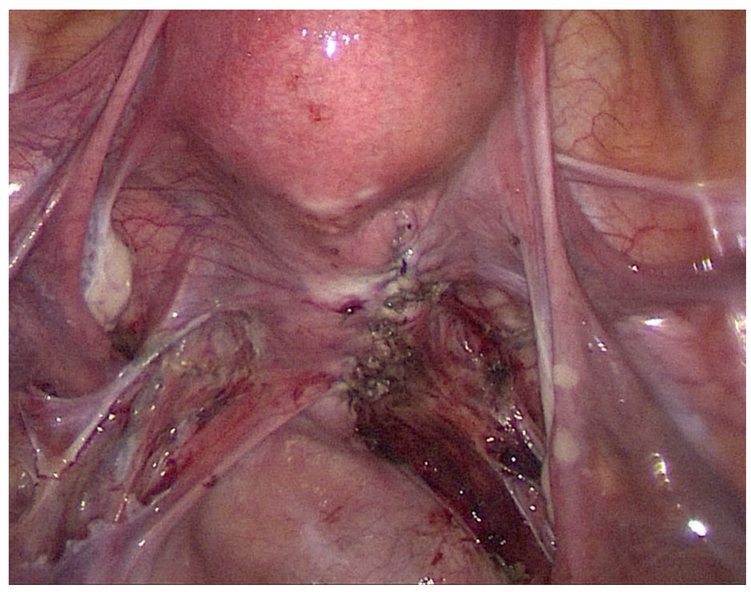
At 7 month follow up she was asymptomatic using COC and ultrasound checkups showed no new intrauterine collections.

Differential Diagnosis of Uterine Diverticulum

- Fibroid
- Complicated ovarian cyst
- Degenerated leyomioma.







CONCLUSION

- Uterine diverticula is a rare entity that may present in variate forms, and may be confused with hematometra in ultrasound, scanner and MRI.
- It is a condition not only exclusive for multiparous women, or secondary to other scar defects, so in nulliparous women it should be ruled out whenever usual treatment fails to succeed
- Once confirmed, it may be successfully treated through laparoscopy, alleviating symptoms and preserving future fertility.