

Vaginal vault endometrioma presenting as postcoital bleeding

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Introduction

The incidence of vaginal vault endometriosis after a hysterectomy ranges between 3-37%, its symptoms vary from pelvic pain, dyspareunia to vaginal bleeding. Its etiology could correspond to residual microscopic implants not removed in the previous intervention; medical treatment with hormonal therapy or procedures such as laser ablation or surgical excision can be offered.

Case

A 45-year-old woman with May Turner Syndrome and history of total abdominal hysterectomy with ovarian conservation presented 10 years later with postcoital and vaginal bleeding, and dyspareunia. Gynecologic exam showed a violaceous nodule in the vaginal vault.

Ultrasound Findings

Transvaginal ultrasound revealed a homogeneous hypoechoic nodule with irregular borders (18x13x14 mm) without peripheral vascularization, not involving adjacent structures. (Figure 1.)

Surgical Approach

Exploratory laparoscopy confirmed an endometriotic nodule in the superoposterior third of the vaginal vault, which was successfully resected.

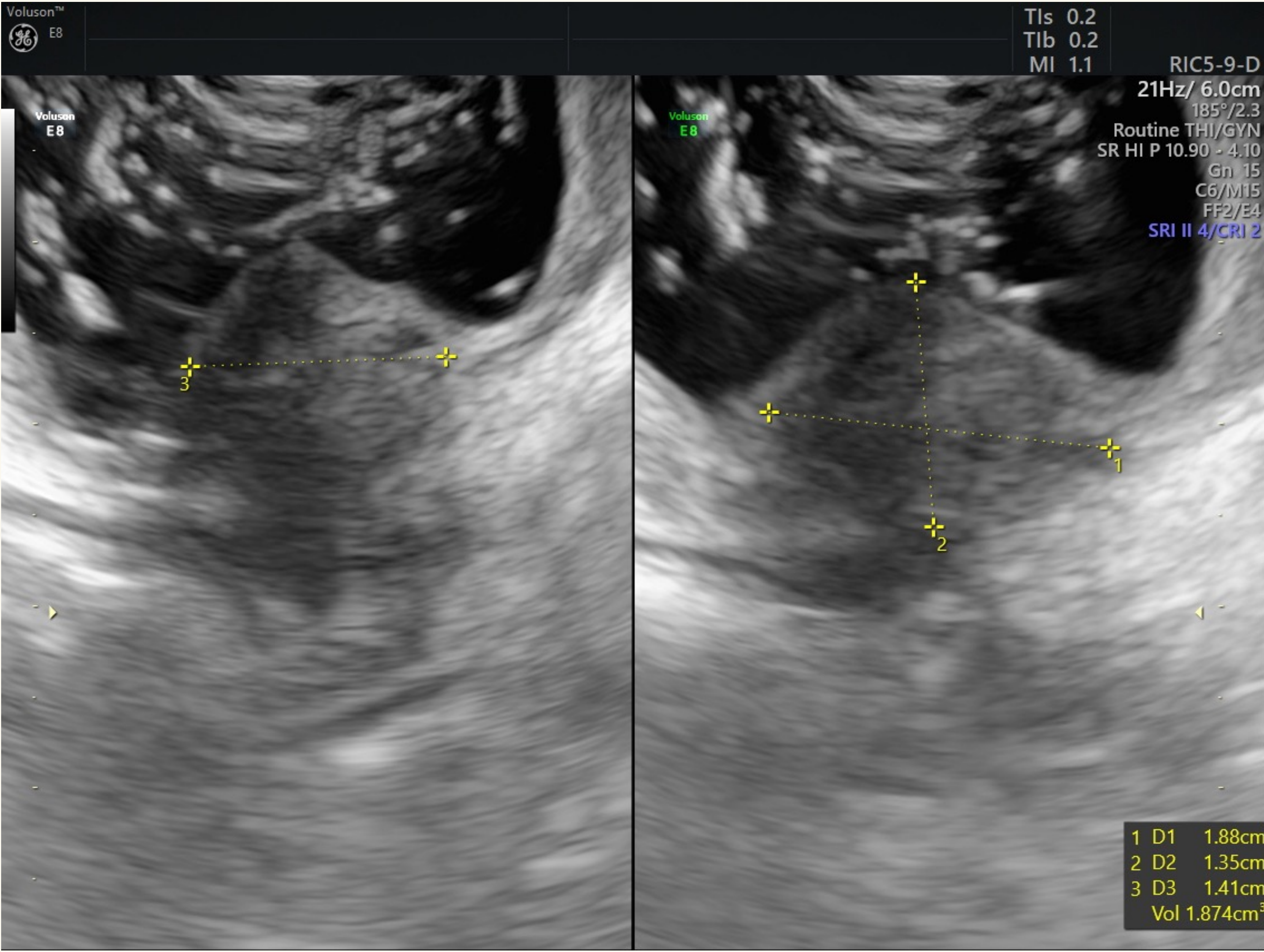


Figure 1. Ultrasound image of nodule

Conclusion

Vaginal vault endometriosis should be suspected in post-hysterectomy patients presenting with unexplained vaginal bleeding even years later after the treatment.