

Poster number EP01.28

Asherman's syndrome after RPOC: a case report

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We describe the case of a 45-year-old Caucasian woman, gravida 2, para 1 with a history of a previous vaginal delivery complicated by manual placental removal.

In January 2022, she underwent a cesarean section due to mechanical dystocia at 40+1 weeks' gestation. After that, she experienced persistent spotting.

In March 2022, the patient underwent a transvaginal ultrasound showing retained product of conception (RPOC) and a curettage of the uterine cavity was performed. At the following scan, a smaller persistent RPOC was detected but a conservative management was chosen and progestin therapy (desogestrel 75 mcg/day) for contraceptive purposes was started. During follow-up, the RPOC size progressively decreased till its disappearance.

In September 2023, after discontinuation of the contraceptive therapy, she developed amenorrhea. At ultrasound, hypoechoic bands within the endometrium with a normal functional activity of the ovaries (confirmed with normal FHS and estradiol levels) were seen, arising the suspicion for **Asherman's syndrome**.

At hysteroscopy, an irregular and narrow cavity due to the presence of adhesions was seen and a blunt adhesiolysis was performed. As the patient continued to experience amenorrhea, oral therapy with L-acetylcarnitine 500 mg was prescribed and afterwards the patient began menstruating regularly again.

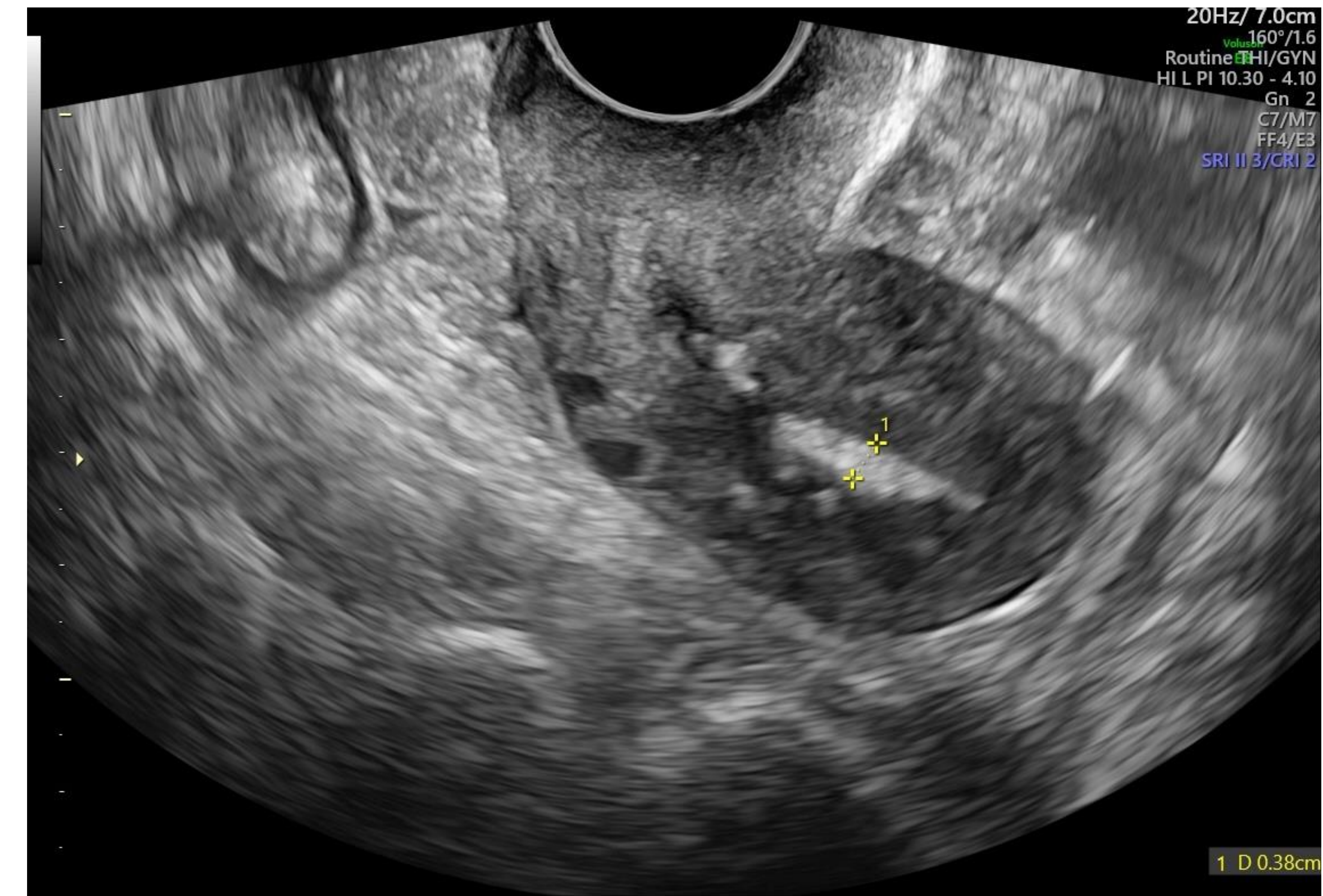


Figure 1. Sonographic appearance of synechia

Conclusion

This case underlines that also in women in perimenopausal age, in presence of history of uterine curettages, an organic cause of amenorrhea should be ruled out before concluding for clinical menopause.