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A case series of markedly hyperechoic rare endometrial pathologies, ultrasound findings and histopathology correlation.

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Case 1 INTRAUTERINE GOSSYPIBOMA

34-year-old female with pelvic pain and vaginal discharge; previous D&C for miscarriage.

TVUS: Wavy hyperechoic avascular material within the endometrial cavity extending into the endocervical canal, suspicious for retained foreign body.

Hysteroscopy: 4 × 4 cm gauze piece removed from the endometrial cavity. Histopathology: benign endometrial tissue.

Final diagnosis: Intrauterine gossypiboma retained surgical gauze following D&C

Case 2 PROLAPSING ENDOMETRIAL POLYP

43-year-old woman with irregular bleeding, clots and spotting; 3 × 3 cm mass at the cervical os.

US: Vascular heterogeneous echogenic lesion with calcifications filling the endometrial cavity and prolapsing through the cervix; differential included submucosal fibroid polyp vs endometrial polyp.

Hysteroscopy: Pedunculated 3 × 3 cm endometrial polyp excised. Histopathology: benign glands, no atypia/malignancy.

Final diagnosis: Benign endometrial polyp.

Case 3 RETAINED PRODUCTS WITH SUSPECTED SEPTIC ABORTION

30-year-old female with incomplete abortion and continuous PV bleeding; **Hb 2.8 g/dL**, tachycardia and hypotension, requiring HDU admission.

USG: Thickened 13–17 mm endometrium with fluid, open internal os and multiple echogenic foci with ring-down/gas; poor endometrial–myometrial delineation, suspicious for **retained products with infection**.

Management: Stabilized with PRBC transfusion, IV antibiotics and supportive care, followed by suction ERPOC. Histopathology confirmed **products of conception with dense necro-inflammatory infiltrate**. **Final diagnosis:** Retained products of conception with suspected septic abortion/endometritis causing severe blood-loss anemia and haemodynamic instability.

Conclusion: Careful ultrasound assessment of markedly hyperechoic endometrial lesions, including their morphology, vascularity and artefacts, can facilitate recognition of rare entities such as **intrauterine gossypiboma, calcified prolapsing fibroid and infected retained products of conception**, enabling timely diagnosis and management.



Figure 1. Ultrasound image of intrauterine gossypiboma

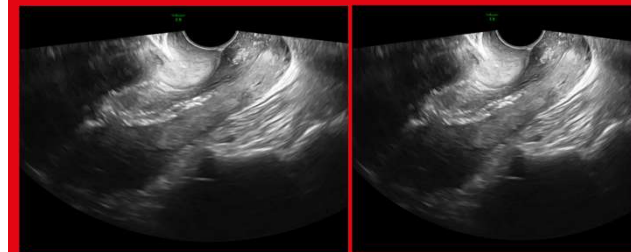


Figure 2. Ultrasound image of prolapsing submucosal calcified fibroid polyp



Figure 3. Ultrasound image showing brightly echogenic foci with ring down artifacts in septic abortion