

EP01.58 When ultrasound tells more: uterine perforation with *appendix epiploicae* incarceration after postpartum evacuation of retained placental tissue

N. Vedmedovska, Fetal Medicine Unit, Riga Maternity Hospital, Riga, Latvia.

Z. Grabe, Department of Gynecology, Riga East University Hospital, Riga, Latvia.

L. Laveniece, Faculty of Medicine, Riga Stradins University, Riga, Latvia.

Introduction

Uterine perforation is a known complication of dilatation and curettage (D&C). Although rare, perforation may be complicated by incarceration of abdominal organ portions. In such cases, ultrasound is important not only for detecting abnormal postoperative findings, but also for differentiating retained intrauterine tissue from tissue embedded in or passing through the myometrium.

Case Description

A 27-year-old healthy lactating woman was referred for planned laparoscopic surgery without complaints. Three months earlier, she had delivered vaginally. A 6th-week postpartum ultrasound suggested retained placental tissue, and D&C was performed. Histological examination showed placental and decidual tissue together with a small adipose tissue fragment, which suggested possible uterine perforation. At a follow-up 11 days later, a repeat ultrasound revealed a hyperechogenic mass extending into the uterine wall (Fig.1, 2). These findings raised suspicion of tissue incarcerated within the uterine wall. Ultrasound therefore played a key role in the differential diagnosis between retained placental or membranous tissue and perforation-related pathology. Laparoscopy confirmed a uterine wall defect about 2 cm wide with incarcerated appendix epiploica (Fig.3). The appendix epiploica was released, and the uterine defect was closed with two absorbable sutures. The patient was discharged in good condition.

Conclusions

Uterine perforation should be suspected after postpartum D&C when histology reveals adipose tissue or ultrasound shows an atypical hyperechogenic lesion extending into the myometrium. Ultrasound is valuable for differential diagnosis and may help identify the perforation site. Laparoscopy is an effective diagnostic and therapeutic method.

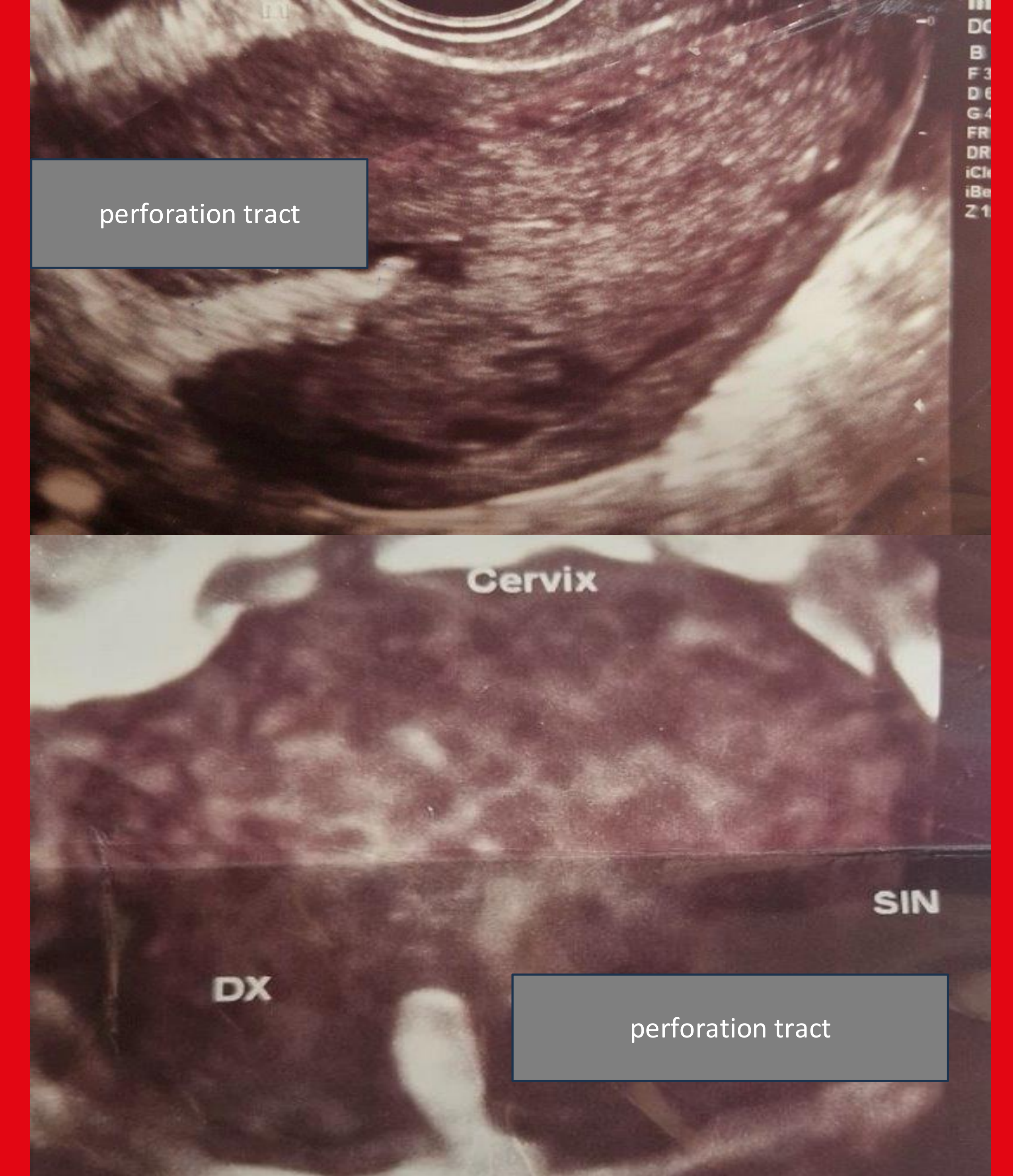


Fig. 1, 2. Hyperechogenic mass-like tissue extending along the presumed uterine perforation tract within the myometrium near the uterine fundus, shown in the sagittal (A) and axial (B) planes.



Fig.3. Laparoscopic finding