



Case report of Decidual Cast in young non pregnant girl on desogestrel.
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Background

- Decidual cast is the entire sloughed endometrium that takes the form of the endometrial cavity.
- Result of hyperprogestonism that is the effect of progesterone on uterine endometrium.
- Associated with ectopic pregnancy, incomplete abortion, non-pregnant state with use of progesterone, DMPA, rarely with oral contraceptive pills.
- Membranous dysmenorrhoea is rare and causes intense cramping pain as a result of the passage of intact endometrial cast through an undilated cervix.

Discussion

This is an important case to raise awareness among gynaecologists about decidual cast. It's important to keep decidual cast as one of the differential diagnosis when we come across vaginal mass.

Ref : Verma S, Goyal R. A case report on decidual cast. Int J Reprod Contracept Obstet Gynecol 2016;5:4478-9

12-year girl presents with C/O abdominal pain for 2 days. Period started 3 days ago with normal PV bleeding.

Attained menarche at 11 years of age, had normal periods initially , then heavy periods for 3 months and was prescribed desogestrel by GP. On desogestrel for 6 weeks, not sexually active.

A mass in vagina noted on examination, a differential diagnosis of polyp / cystocele made. Decision for Examination under anaesthesia made to establish origin of mass. TAS reported small but significant fluid seen in the endometrial cavity/cervical canal. Vagina grossly distended including the posterior fornix, measuring 4.2 X 5.8 cm in cross-section. Advised further imaging – MRI.

While awaiting MRI, vaginal mass detached spontaneously, a differential diagnosis of polyp / fibroid made, specimen sent for histology. MRI showed uterus anteverted and unremarkable, no obvious distension of the vagina or intravaginal masses. Both ovaries normal.

Histology on day 6 -The initial impression suspicious of a rhabdomyosarcoma, however a diagnostic opinion is needed from a Tertiary Centre and material sent to R.N.OH for second opinion. Consultant explained the histology findings to girl with Nan along with CNS nurses. CTAP requested, referral to sarcoma unit done. CT abdomen and pelvis showed no evidence of metastasis.

Histopathology opinion from RNOH on Day 14 showed features not typical of a sarcoma and, in particular are not consistent with a rhabdomyosarcoma. Further analysis with decidual /trophoblastic markers recommended.

Day 19 - The appearances are not suggestive of a trophoblastic tumour. The appearances are highly suggestive of extensive progesterone effect in keeping with decidual reaction within a polyp.

Final diagnosis of Decidual cast made on Day 19.

Conclusion

- The decidua is thick lining of the uterus that forms as a result of progesterone.
- A decidual cast occurs when the lining of the endometrium is sloughed off in one piece, forming a cast of the uterine cavity.
- Pain associated with passing decidual cast through cervix is known as membranous dysmenorrhea.
- Decidual cast formation can be associated with ectopic pregnancy or, less commonly, exogenous progesterone.

