

Accessory and cavitated uterine mass (ACUM):Case report

OBJECTIVE: Accessory and cavitated uterine mass (ACUM) represent a rare newly recognized Mullerian anomaly, accessory cavity lined by functional endometrium within an otherwise normal uterine cavity. We present the case of 24yr old unmarried with increasing dysmenorrhea and severe mid cycle pain.

CASE PRESENTATION: 24years old unmarried lady with severe mid cycle pain and dysmenorrhea increased for the last 3to4 years. She attained menarche at 11years, with irregular cycles. Abdominal examination revealed a mild tenderness in LIF. Ultrasound Pelvis showed normal uterus with a cyst in left ovary measuring 34 x25mm with increased vascularity. MRI pelvis done revealed a well-defined rounded non communicating cavitating lesion measuring 2.8 x2.6cm noted along with left anterior lateral uterine wall suggestive of Non communicating rudimentary horn.

Patient underwent operative laparoscopy which revealed mass 3*3cm mass attached to the left side of uterus with a shallow groove of demarcation, left round ligament attached to the mass. On closer examination, left tube appeared to be running along the upper border of the mass and attached to the main uterine horn Both tubes and ovaries appeared healthy. The mass was dissected away from the uterus proper and excised sparing the tube. chocolate-brown-colored blood leaked from a partial break in the mass. There was no communication with the main endometrial cavity. The rest of the genital tract was normal Hemostasis was achieved. Excised mass was removed in a bag through the umbilical port. Patient recovered and was discharged next day,

HISTOPATHOLOGY: Confirmed the presence of a myometrial wall with endometrial lining.

DISCUSSION: ACUM is a non-communicating ULM arising in the uterus itself. The entity needs to be classified separately as the uterine cavity is otherwise normal unlike other Mullerian anomalies. It characteristically presents at a younger age, usually <30 years, with severe dysmenorrhea and chronic pelvic pain.

CONCLUSION: ACUM, a rare Mullerian anomaly related to dysfunction of gubernaculum, is a treatable cause of severe dysmenorrhea in young females. The entity is not as rare as thought previously. The MRI findings of an accessory cavitated mass located below the attachment of round ligament usually with hemorrhagic contents with normal-shaped uterus and normal origin of fallopian tube from the main uterine body, bilateral normal tubes and ovaries should suggest the diagnosis of ACUM pre-operatively.

