

Haematometra and bilateral haematosalpinges following endometrial ablation

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Introduction

Post-operative haematometra occurs in 1-2% of women undergoing endometrial ablation. Menstrual blood is retained due to scarring of the uterine cavity, leading to cyclic cramping pain years after the procedure.

Objectives

- To be aware of unusual presentations of endometrial scarring following endometrial ablation
- Recognise the best imaging modalities for diagnosis of this



Case History

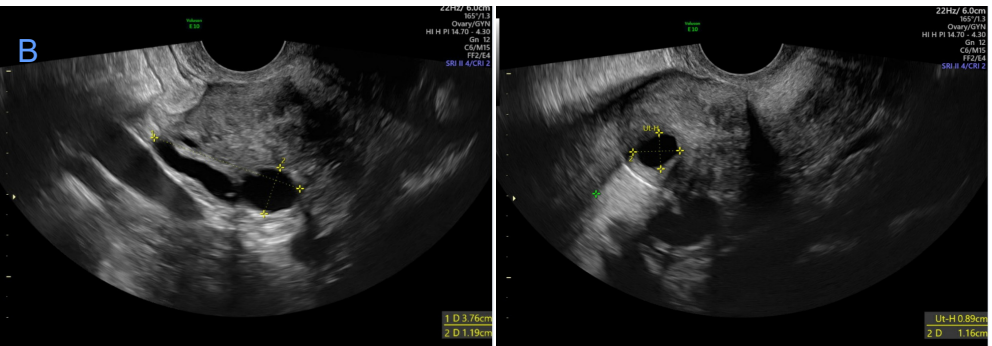
A 34F with parity of two presented with menorrhagia after failure of hormonal therapies. Endometrial ablation (EA) was performed in August 2019. She was symptom-free at six-months follow-up.

In March 2022, she presented with new onset abdominal pain and vaginal bleeding. Pelvic ultrasound imaging demonstrated a posterior wall cystic structure (11mm) and a right hydrosalpinx (9mm).

Hysteroscopy was unsuccessful due to severe pinpoint cervical stenosis and significant concerns for uterine perforation. Repeat ultrasound imaging after four months showed an increased size of the hydrosalpinx (26x13mm).

MRI demonstrated severe intrauterine adhesions causing cavity stenosis and upstream dilatation with haematometra and bilateral haematosalpinges (left - 8mm, right - 14mm).

Hysterectomy with ovarian conservation was considered at this stage with pre-operative goserlin to relieve symptoms.



Conclusion

- Further work needed to consider long-term effectiveness of endometrial ablation (EA)
- Evaluation of how many women that undergo EA have subsequent hysterectomies due to complications and recurrence of symptoms.

Discussion

- On examination, cervical stenosis is noted, and diagnosis is confirmed with radiological investigations ⁽¹⁾.
- Management depends on severity, ranging from cervical dilatation, hysteroscopic resection of adhesions and GnRH analogues.
- However, these are temporary measures and may result in recurrence, therefore necessitating hysterectomy with ovarian preservation ⁽²⁾.

Figures:

A – Haematometra and haematosalpinx labelled with report from image dictated below.

B - Av uterus, normal size 3.6 x 6.6cm sagittal views. Endometrium poorly visualised due to previous endometrial ablation. There remains presence of a collection of hypoechoic fluid in the right upper cavity which passes through the tubal ostia and forms a haematosalpinx measuring 3.76 x 1.9cm. There is a smaller left haematosalpinx noted. No adnexal masses or pelvic free fluid seen

References 1. Bradley LD, Falcone T. Hysteroscopy: office evaluation and management of the uterine cavity. Elsevier Health Sciences; 2008. 2. McCausland AM, McCausland VM. Frequency of symptomatic cornual hematometra and postablation tubal sterilization syndrome after total rollerball endometrial ablation: a 10-year follow-up. American journal of obstetrics and gynecology. 2002 Jun 1;186(6):1274-83.