

A novel surgical approach for management of cervical stenosis post-LLETZ: A Case Report

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Objective / Introduction

- Cervical stenosis can follow LLETZ.
- Leads to haematometra, amenorrhoea, pain, infertility.
- Rare case of inadvertant near-total trachelectomy post-LLETZ.

Patient Background

- 36-year-old woman with amenorrhoea, cyclical pelvic pain, and secondary subfertility.
- Two vaginal deliveries; history of LLETZ abroad for CIN 1.
- Stopped progestogen-only pill; no return of menses.
- Cervix not visualised; EUA and US-guided dilatation failed.

Investigations & Diagnosis

- EUA: Cervix not visualised despite suprapubic pressure and vaginal vault incision.
- Ultrasound-guided cervical dilatation: Unsuccessful.
- MRI: Distended endometrial cavity consistent with haematometra.

Management – Novel Surgical Approach

- Laparoscopic-guided posterior colpotomy.
- Cervical stump identified; bladder dissected.
- Haematometra drained; cervical isthmus covered with mucosa.
- Coil inserted; patient declined cerclage.

Outcomes

- Menstrual cycles resumed.
- Significant symptomatic improvement.

Discussion

- Causes: Imperforate hymen, septa, radiation, conisation.
- Diagnosis confirmed with pelvic examination and imaging.
- Cervical stenosis may render EUA/US-guided methods ineffective.
- Laparoscopic-guided approach is feasible and effective.

Conclusion

- First reported case (to our knowledge) using this approach.
- Underscores the importance of recongnising potential complications of cervical procedures.
- Highlights the value of innovative, personalised surgical planning.

