



ORIGINAL RESEARCH PAPER

Obstetrics & Gynaecology

OSSEOUS METAPLASIA OF CERVIX & ENDOMETRIUM: CASE REPORT

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ABSTRACT

Osseous metaplasia of the endometrium or cervix is a very rare disorder associated with the presence of bone in the uterine endometrium or in the cervix. Almost all patients with this condition present with infertility due to presence of a foreign body in the endometrium. We report a case of a 28-year-old woman who presented with foul smelling vaginal discharge and secondary infertility due to osseous metaplasia in the endometrial cavity. Endometrial or cervical osseous metaplasia is a rare cause of infertility that can be easily managed by hysteroscopic removal of the bony fragments, which results in return of fertility.

INTRODUCTION

Presence of mature or immature bone or both in the endometrium is a very rare clinical finding, this finding is called Endometrial osseous metaplasia. In most of the reported cases, ossification was followed by a termination of pregnancy and patients presented with infertility. Osseous metaplasia of the endometrium has also been incorrectly referred to as endometrial ossification or an ectopic intrauterine bone or heterotopic intrauterine bone formation [1]. The foremost widely accepted hypothesis is that ossification represents retained fetal bones following spontaneous, missed, incomplete or induced abortion, suggesting endochondral ossification.

It may also be associated with the transformation of mesenchymal tissue into bone in response to inflammation and therefore the restorative process induced by abortion.

Hysteroscopy is the gold standard for its diagnosis as well as treatment. Most of the patients recover and become pregnant after the evacuation.

CASE REPORT

A 28 year old female presented to our gynecology out patient department with complaints of profuse and foul smelling vaginal discharge for the last 2 years. She also gave history of secondary fertility after she underwent medical termination of pregnancy by dilatation and curettage done at 7 weeks of gestation. Her menstrual cycles were irregular. Patient took medical treatment for vaginal discharge from multiple tertiary care hospitals but her symptoms did not subside and she continued to have foul smelling discharge. Ultrasound revealed echo reflective shadow seen along the cervical canal? Air foci / ?calcification.

Pap smear revealed inflammatory smear.

CT-scan of pelvis was suggestive of bulky ovaries and minimal fluid in pouch of douglas. Patient undertook antibiotic treatment for pelvic inflammatory disease and was also put on oral contraceptives for a period of 3 cycles with no relief of any of her symptoms.

Culture sensitivity report was suggestive of gram positive bacilli. A decision for a planned hysteroscopic evaluation of the source of pus was taken.

Hysteroscopy was done using a rigid hysteroscope and 2.9 mm operative with bettothe sheath hysteroscope (Karl Storz) with saline as distending media. Endometrial cavity revealed multiple small, hard bony spicules approx 2 cm black in colour embedded in the endocervical tissue, which were

removed by curettage and submitted for histopathological study.

Hysteroscope was introduced again and the cavity was relooked. Spicules were sent for histopathology. Histopathology revealed osseous metaplasia.

A 2 week follow up was done and the patient has been completely relieved of all the symptoms.

CONCLUSIONS

In conclusion, endometrial osseous metaplasia should be considered in the diagnosis of secondary infertility, especially if ultrasound shows calcification in the endometrial cavity; In addition, patients with secondary infertility after an abortion should undergo hysteroscopy if there are significant ultrasound features.

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