



ORIGINAL RESEARCH PAPER

Obstetrics & Gynaecology

HEMATOMETRA, SECONDARY TO CERVICAL CANAL OCCLUSION

KEY WORDS: Cervical Canal Occlusion, Cervical Conization, Cervical Dilatation, Cervical Obstruction, Cervical Scarring, Cervical Stenosis, Cone Biopsy of Cervix, Hematometra, LEEP, Loop Electrosurgical Excision Procedure (LEEP), Ultrasound Guided Dilatation and Curettage (D&C), Uterine Rupture

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BACK GROUND:

Hematometra is not a common disorder that can be caused by congenital or acquired structural obstruction of the cervical canal. Acquired cervical stenosis can develop due to surgical procedures performed on the uterus or cervix. Common symptoms associated with this condition include amenorrhea or dysmenorrhea, abdominal pain or pressure, urinary frequency and retention. We report a case of hematometra secondary to cervical canal occlusion treated with Total Abdominal Hysterectomy.

CASE:

The patient is a 35 year old Nulliparous who presented to our opd with complaints of secondary amenorrhea since 9 years with associated cyclical abdominal pain. She reported that her last menstrual period in 2013. At 14 years of age, she had history of primary amenorrhea and diagnosed with transverse vaginal septum and cervical stenosis for which she had septal excision with skin flap placement in some other hospital. They had created an artificial opening from below followed by Hysterotomy in which CuT is placed in cervical canal to maintain patency of it. She had regular cycles for 9 years. At the age of 26 in view of conception, she had gone for CuT removal and then she had undergone hysterotomy and CuT was removed. After removing CuT, she has no cycles.

In 2013, She reported with complaints of secondary amenorrhea with associated cyclical abdominal pain and was kept on some treatment but of no use. In April 2022, she had diagnosed with hematometra. First we have tried to pass dilator but it was not possible. So, we proceeded for Total abdominal hysterectomy. Bilateral salpingoopherectomy was also done. Gross features- Endometriosis+Left hydro salpinx+ and cervical stenosis present on cut section of uterus- No cervical canal present.



fig:3:cervical stenosis

CONCLUSION:

Cervical Stenosis is most commonly observed after Loop Electrosurgical Excision Procedures (LEEP) or cone biopsy for cervical intra-epithelial neoplasia. The most appropriate initial approach to hematometra, particularly in a young woman of low parity, is to attempt cervical dilation and drainage of the fluid collection. If cervical dilation is not possible, hysterectomy is needed. Early diagnosis and treatment of this condition may help to prevent severe complications of hematometra such as uterine rupture, infertility and endometriosis. Cervical stenosis and hematometra should be considered as main differential diagnosis in a patient presenting with secondary amenorrhea and pelvic pain with history of cervical surgery.



Fig:1 specimen of uterus with blood

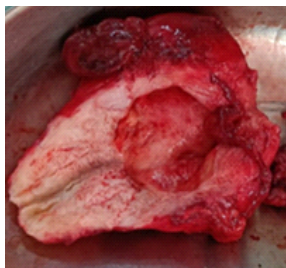


fig:2:cutsection of uterus without cervical canal