

Pain Lower Abdomen due to Spontaneous Hematometra: A Case Report

Rojina Manandhar,¹ Asha Singh,¹ Abhimanyu Shrestha,¹ Sebak Shrestha¹

¹Department of Obstetrics and Gynaecology, Nepal Police Hospital, Kathmandu, Nepal.

ABSTRACT

Hematometra is a rare condition that is most commonly associated with congenital anomalies and prior surgical procedures. This is an unusual case of spontaneous hematometra occurring in 32 years old healthy woman with no prior medical or surgical history. Only five cases of spontaneous hematometra without any risk factors have been reported.

Keywords: abdominal pain; Depot medroxyprogesterone acetate; hematometra.

INTRODUCTION

Hematometra is a collection or retention of blood or blood clots inside the uterus. It is a rare condition that is most commonly associated with congenital anomalies of the cervix or uterus. Less commonly it can be acquired due to processes that cause obstruction of the endo-cervical canal like cone biopsy, leep, post radiation, cervical cancer, senile atrophy of the endo-cervical canal, post abortion, endometrial ablation/ resection.¹

Hematometra in premenopausal women typically presents with secondary amenorrhea and cyclic, cramping pain in lower abdomen. Bleeding, if present is scant and erratic-rusty, dark brown or even black. Patients may also report urinary frequency and urinary retention. Due to the accumulation of blood in the uterus, patients may develop low blood pressure or vasovagal response, as well as acute abdomen in the

This is a case of spontaneous hematometra in a healthy and active female where cause of hematometra is not found. Only five cases of spontaneous hematometra has been reported till date.

CASE REPORT

32- year-old lady presented to OPD on 29th January, 2018 with amenorrhea for 6 months after intake of depot medroxyprogesterone acetate (DMPA) and lower abdominal pain for 10 days. Lower abdominal pain was continuous, dull aching, initially mild, gradually increasing in severity, aggravated on squatting position while micturating and defecation, relieved on taking analgesics. She had uneventful normal vaginal delivery at hospital 9 yrs back. Post-delivery she used norplant for 7 years, no contraception for two years then injection DMPA only one dose 6 months back (3rd August, 2017). She had no significant prior medical or surgical history. Per speculum examination showed cervical erosion. Bimanual examination revealed bulky uterus.

Workup with ultrasonography showed moderate amount of free fluid with few septations in uterine cavity likely hematometra (Figure 1).

Correspondance:

Dr. Rojina Manandhar,

Department of Obstetrics and Gynaecology,

Nepal Police Hospital, Kathmandu, Nepal.

Email: rosy_mdr@hotmail.com, Phone: 9851281586.

setting of uterine rupture. When palpated, the uterus will typically feel firm and enlarged. Postmenopausal women are more likely to be asymptomatic.²



Figure 1. Ultrasound showing collection in uterine cavity.

She was treated with dilation, drainage and endometrial biopsy. No obvious cervical stenosis was noted during procedure. Approximately 20ml of thick dark coloured blood was drained (Figure 2).

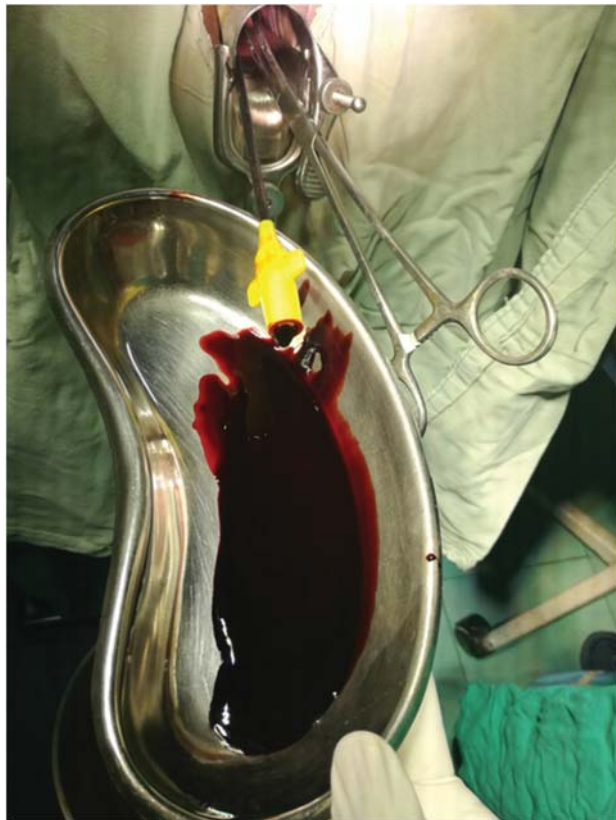


Figure 2. Drainage of collected blood.

Endometrial tissue was sent for HPE, gram

stain and C/S, AFB stain and C/S which were all negative. Pap smear was negative for intraepithelial lesion. Ultrasound pelvis done on second post-op day showed normal uterine cavity (Figure 3). She was symptom free without recurrence of hematometra at 3-month follow-up.



Figure-3. Ultrasound post-drainage of hematometra showing normal uterine cavity.

DISCUSSION

Spontaneous hematometra is a condition where etiology of hematometra is not well found. It is a diagnosis of exclusion. Hematometra presenting as abdominal pain can be a challenging diagnosis. This difficult diagnosis could be further compounded in patients lacking congenital abnormalities and those who have not undergone a prior gynecologic procedure, such as in our patient

Only five cases have been reported till date. Chou et al. had reported spontaneous hematometra in 2016 in 18 years adolescent girl without any prior risk factors.³ Thorne JG et al. presented case series of four cases with spontaneous hematometra in 2018. First case was 16 years girl who developed hematometra after one year treatment with DMPA for menstrual suppression in context of global developmental delay. Second case was 21 years girl treated with DMPA for 5 years for endometriosis. Third case was 18 years girl treated with DMPA for 1 year 3 months for dysmenorrhea. Fourth was 23 years girl who had been treated with DMPA

for 7 years for endometriosis.⁴ All these five cases of spontaneous hematometra had used DMPA as contraception for prolonged duration.

There have been a few reports associating the use of DMPA as contraception with cervical stenosis leading to the formation of hematometra.⁵ In one study done by Martirosian TE et al. in 2010, the use of DMPA resulted in a significantly higher rate of cervical stenosis following LEEP procedure.⁶

However our patient has taken only one dose of DMPA. But has kept norplant for 7 years. No case reports of prolonged norplant use leading to hematometra has been reported. However the use of prolonged progesterone contributing to or causing hematometra cannot be ruled out and warrants further investigation.

Although rare, hematometra should be on the differential diagnosis of lower abdominal pain in females.

Consent: The patient signed consent form and the original article is attached with the patient's chart.

CONFLICT OF INTEREST: None.

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