Malignancy Versus Mimic:
Postmenopausal Cervical Distension Reveals Haematocolpos Secondary to Acquired Vaginal Adhesions Following Prior Cervical Excision and Recent Hormone Therapy Change.

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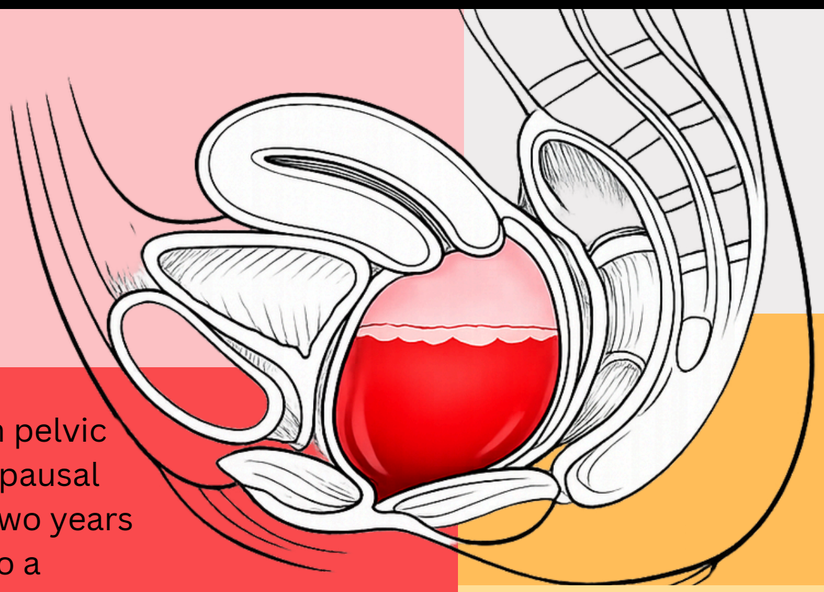
Background:

Haematocolpos in postmenopausal women is uncommon and typically raises concern for malignancy or obstructive neoplastic processes. Acquired vaginal adhesions causing outflow obstruction are rare and may radiologically mimic a cervical cystic neoplasm.



Aims:

To describe an unusual case of postmenopausal haematocolpos secondary to acquired vaginal adhesions and highlight the associated diagnostic challenges.

Case:

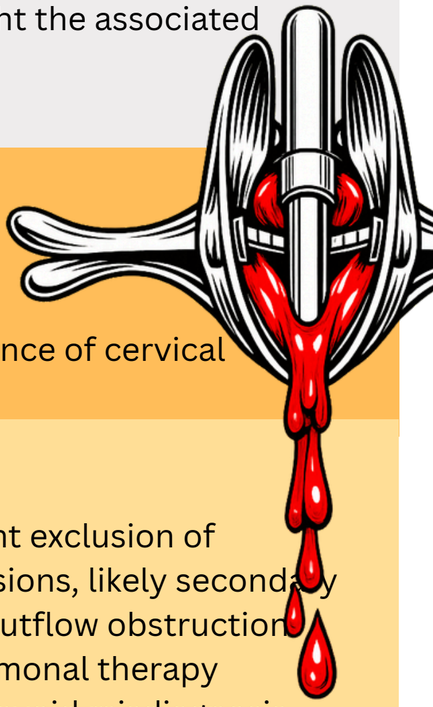
A 58 year old multiparous woman presented with pelvic pain and no other symptoms. She was postmenopausal and had used menopausal hormone therapy for two years oestrogen gel with oral progesterone), changing to a combined transdermal patch 2–3 weeks prior to presentation.

CT demonstrated marked distension of the cervix and uterine cavity with fluid and peri-cervical stranding, raising strong suspicion for obstructing malignancy with possible superinfection. Ultrasound identified a 228 mL avascular cystic lesion occupying the cervix with mild endometrial dilatation. Her history was significant for prior LLETZ and cervical diathermy.

Examination under anaesthesia revealed complete vaginal obliteration with dense adhesions and no visible external os. Ultrasound-guided adhesiolysis and cervical dilatation drained a large volume of non-malodorous blood, confirming haematocolpos. Cytology, microbiology, HPV testing, and endometrial sampling were negative for malignancy.

Results:

Symptoms resolved following drainage. MRI at two months demonstrated a small residual blood collection without evidence of cervical or endometrial malignancy.



Discussion:

Postmenopausal cervical distension mandates urgent exclusion of malignancy. This case illustrates how acquired adhesions, likely secondary to prior cervical excisional treatment, can result in outflow obstruction and haematocolpos, potentially exacerbated by hormonal therapy changes. Careful surgical assessment is essential to avoid misdiagnosis and overtreatment.

KEY MESSAGE:

Not all postmenopausal cervical distension represents malignancy