

# A Case Report of Uterine Remnant post Vaginal Hysterectomy

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## Background:

Vaginal hysterectomy remains an important surgical option for benign uterine disease<sup>[1]</sup>. Complications that can occur post vaginal hysterectomy include haemorrhage, infectious morbidity, thrombo-embolic disease and, less commonly, renal tract injury<sup>[2]</sup>. There has only been one other case report describing a uterine remnant following vaginal hysterectomy<sup>[3]</sup>.

## Case Study:

A 44 year-old, multiparous patient was referred to the Endoscopic Gynaecology clinic for assessment of severe, cyclical abdominal pain, bleeding and deep dyspareunia three years after a vaginal hysterectomy for management of the same.

On examination, the vaginal vault was thickened but otherwise no significant findings noted.

A transvaginal ultrasound scan identified a cystic structure adjacent to the left ovary. An MRI pelvis identified a 4cm soft tissue mass at the vaginal vault with similar characteristics to myometrium and endometrium (Figure 1).

It was unclear whether this was a remnant of uterine tissue or a uterine horn.



Figure 1: MRI of the uterine remnant

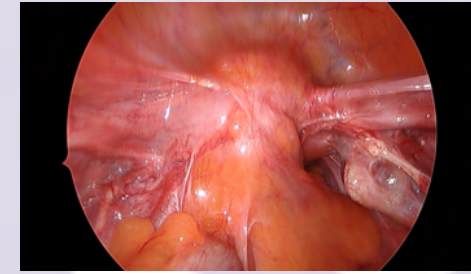
## Discussion:

This is an unusual case of retained uterine tissue post-vaginal hysterectomy. It was unclear whether this was part of the actual uterus or a uterine horn.

Although it is an unusual cause of cyclical pain and bleeding post vaginal hysterectomy, the imaging was very suggestive of uterine tissue.

Other differential diagnoses to consider post-operatively include persistent endometriotic phenomena, malignancy and, less commonly, gossypiboma or gastro-intestinal tumours.

Figure 2: Laparoscopic appearance of 6cm mass



At laparoscopy, a 6cm mass at the vaginal vault, consistent with uterine tissue, was identified and subsequently excised in steps similar to a laparoscopic hysterectomy, with bladder dissection, skeletonisation, securing and dividing the uterine pedicles, colpotomy to facilitate removal of the tissue and suturing of the vaginal vault (Figure 2).

Histopathology confirmed myometrium with endometrium.



Figure 3: Tissue removed at end of procedure

## References

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3. Ssi-Yan-Kai, G., et al., *Uterine remnant: An uncommon finding after transvaginal hysterectomy*. Diagnostic and Interventional Imaging, 2016. **97**: p. 101-103.