MYOMETRIAL-ENDOMETRIAL FISTULA MASQUERADING AS RETAINED PRODUCTS OF CONCEPTION

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Background

A fistula between a myoma and the uterine cavity is an unusual complication, with even rarer cases involving a degenerating fibroid. These can result from invasive gynaecological procedures. This case study explores the management of a degenerating intra-mural fibroid which formed a communicating defect with the endometrium, in a primigravida patient planning for future conception.

Case

A 36-year-old female reported ongoing vaginal discharge and bleeding after a 19-week miscarriage. Her miscarriage was accredited to cervical incompetence due to a background of previous large loop excision of transformation zone procedure LLETZ for CIN 2 five years prior to her conception. She had a background of an intra-mural fibroid. Sonohysterogram showed echogenic material 17x17x10mm (1.5cc) suggestive of retained products of conception (RPOC). A following hysteroscopic resection returned with histopathology confirming RPOC. Due to ongoing discharge, two repeat sonohysterogram were completed and were suggestive of RPOC, with the second describing echogenic material 18x6x6mm (0.3cc). A second hysteroscopy identified a defect in the lower uterine segment with communication between the degenerating intra-mural fibroid and the endometrium, with histopathology returning as decidua and endometrium. This patient did not require surgical management of her fibroids. Repeated pelvic ultrasound demonstrated shrinkage of her fibroid and the closure of the communication, and she commenced pregnancy planning.

Results

Repeated imaging likely identified disturbed endometrium over the fibroid. The fistula's pathogenesis is unclear but likely iatrogenic from hysteroscopic resection of retained products of conception. Following a period of recovery, the patient achieved a spontaneous pregnancy, and an early pregnancy scan showed a shrinkage in of the fibroid and closure of previous defect.

Discussion

There is limited literature the same findings of a fibroid and uterine cavity communications. Two case reports of intra-uterine fistula involving a fibroid after uterine artery embolization were corrected laparoscopically[1]. Further research on intra-uterine fistula management could offer insights into conservative treatment options.

Figure 1:: Hysteroscopy image of uterine body and communication between degenerating intra-mural fibroid and uterine cavity(A) Uterus (B) Cavity within uterine wall

References
1. 1.Ogliari KS, Mohallem SV, Barrozo P, Viscomi F. A uterine cavity–myoma communication after uterine artery embolization: Two case reports. Fertility and Sterility. 2005 Jan 1;83(1):220–2 https://doi.org/10.1016/j.fertnstert.2004.08.019