The patient

We describe a case of a 45 year old woman presenting with acute abdominal pain. She had undergone radiofrequency endometrial ablation five years prior and was otherwise fit and well.

Imaging

A uterine mass was identified on abdominal and vaginal ultrasound scanning. The mass of blood/ fluid was reported as likely haematometra. Hysteroscopy failed due to adhesions. MRI confirmed the diagnosis.

Differential diagnoses

Patient history is essential to radiologists to enable clinical correlation. Ultrasound alone may not be able to differentiate features of endometrioma, adenomyosis and hydro/haematosalpinx (post ablation tubal sterilisation syndrome).

Discussion

Haematometra is a recognised complication, in 0.9-2.4% of cases1, seen in 10% of post-ablation hysterectomy specimens, but 26% of those with post-ablation pain2.

Thorough ablation of uterine cornua can help prevent haematometra. It has been proposed that routine prophylactic cervical dilatation 1 month post-operatively may reduce its incidence3. Malignancy can be reliably excluded with hysterectomy, with which this patient was managed.

Conclusion

We report a rare case of haematometra as late as five year post ablation. We have explored differential diagnoses for exclusion by ultrasound and MR imaging.

References

2 Pathologic characteristics of hysterectomy specimens in women undergoing hysterectomy after global endometrial ablation. Corey, ET; El-Nashar, SA; Hopkins, MR; Creedon, DJ; Citrny, WA; Famuyide, AO. J Minim Inv Gyn 2011;18(1):96-99
3 Prophylactic cervical dilatation after trans cervical resection of the endometrium to prevent painful haematometra. Kumar A. Journal of Minim Inv Gyn 2017;24(7):5139