Introduction
Only 10% of women with severe dysmenorrhea are diagnosed with adenomyosis, endometriosis or uterine malformations. More and more cases of young patients with severe dysmenorrhea and ultrasound features of accessory uterine cavity (ACUM) have been described. They present with a uterine cystic lesion of “ground glass” echogenicity often mistaken for necrotic fibroma or endometriotic/adenomyotic cysts. Expert ultrasound is crucial for an earlier detection. ACUM can be treated successfully with robotic assisted laparoscopic surgery providing pain relief for these patients.

Case
14-year old virgo, menarche at 11 years age, presented with a long history of severe dysmenorrhea and low abdominal pain. Oral contraceptives gave no relief. She was admitted to our emergency unit with an analgesia-refractory pain attack in the lower abdomen. Expert ultrasound reveals features of ACUM. MRI confirms diagnosis of ACUM. Patient is operated successfully with robotic assisted laparoscopy.

Ultrasound features
We found a thick-walled 3cm cystic mass with “ground-glass” echogenicity surrounded by myometrium, protruding from the right uterine sidewall directly caudal from the insertion of the round ligament. The uterine cavity was found to have normal shape using 3D ultrasound. No signs of adenomyosis were present. No other pathologies or anatomical anomalies were found in 2D/3D ultrasound or MRI.

Therapy
The patient underwent robotic-assisted laparoscopic resection. Operation time 78min. No significant bloodloss. The patient was discharged from hospital the day after surgery. Recovery is uneventful and in 3 months follow-up the patient has no pain or dysmenorrhea.

Conclusion
Diagnosing ACUM in patients with dysmenorrhea is important for appropriate treatment. 2D and 3D TVU or TRU represents a cost-effective and non-invasive test to diagnose ACUM. In some cases MRI can be helpful to confirm the diagnosis. Treatment by robotic laparoscopic surgery gave cure in our patient.