

Uterine Asymmetry and Dysmenorrhea in a Young Woman

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This 18-year-old nulligravida had a history of severe dysmenorrhea, progressive since menarche. Medical treatment did not relieve the dysmenorrhea. After previous assessment by laparoscopy and MRI, she had been given a diagnosis of unicornuate uterus with non-communicating functional rudimentary horn. Despite surgical drainage of the rudimentary horn and uterosacral nerve ablation, her pain continued.

Prior to repeat laparoscopy, the MRI images (axial T2 weighted) were reviewed (Figure 1). These showed a mass in the right myometrium (open white arrows) with a cavity containing blood (*). This cavity was separate from the endometrial cavity (white arrowheads). The right fallopian tube (solid arrows) draped over the mass.

At laparoscopy, the uterus was slightly enlarged and asymmetric (Figure 2). Passage of methylene blue dye, injected transcervically through both tubes, made it clear that the preoperative diagnosis could not be correct. The right cornual mass was excised without entering the endometrial cavity, but the insertions of the right fallopian tube and right utero-ovarian ligament had to be transected to decrease blood loss. The patient recovered uneventfully.

The mass was identified histologically as an adenomyotic cyst.

Consent to publish these images has been obtained from the patient.

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Figure 1

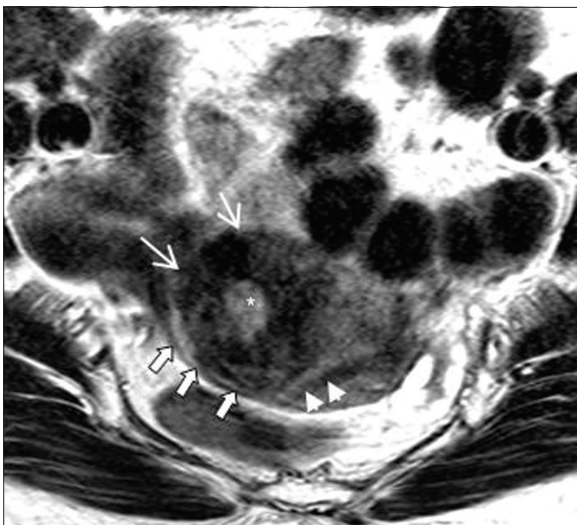


Figure 2

