

Adenomyosis arising in 20-year-old woman after uterine perforation –Study on the possible pathogenesis-

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□Introduction□We present a case of adenomyosis arising in the myometrium damaged by uterine perforation during dilatation and curettage (D&C)

□Case□A 20-year-old woman referred to our department for lower abdominal pain and high fever 2days after D&C for an artificial abortion at the ninth gestational week at a local clinic. Transvaginal ultrasound examination and computed tomography (CT) and magnetic resonance imaging (MRI) showed the rupture of muscle layer in the anterior wall of the uterine corpus. An emergency laparotomy showed perforation of uterus and small intestine with pan-peritonitis. The necrotic small intestine was resected and temporary colostomy was carried out. Postoperative course including the management in the intensive care unit was uneventful. After three months from the initial surgery, 2nd laparotomy was performed to repair the uterine scar and anastomose the small intestine. The excised specimen of uterine tissue consisted of the scar of the uterine perforation measured 3.5×1.5×0.7cm. Microscopically, degenerated change was localized in the myometrium. The obtained tissue demonstrated the presence of trophoblast cells which are positive for cytokeratin and human Chorionic Gonadotropin (hCG) immunohistochemistry. In addition, islands of endometrial glands surrounded by endometrial stromal cells were also focally observed around the trophoblast cells within the myometrium.

□Discussion□Adenomyosis is defined by the presence of endometrial glands and stroma located deeply within the uterine myometrium. This disorder typically affect multiparous women over the age of 40 years. The etiology and the development of adenomyosis are unknown. The most popular hypothesis is the invagination of the basalis endometrium into the myometrium resulting from tissue injury and repair. It is possible that myometrial invasion by the endometrial cells is facilitated by myometrial weakness caused by intrauterine procedure. Although dilatation and curettage have been epidemiologically associated with the risk of adenomyosis, it is difficult to proof the evidence of the myometrial invasion histologically.

□Conclusion□This report describes a case of adenomyosis and trophoblast implantation in the uterine myometrium after uterine perforation at dilatation and curettage for terminatio

Keywords : Adenomyosis pathogenesis

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