

CASE STUDY - Oxiplex/IU®

Fundal Hematometria

A post menopausal woman with symptomatic fundal hematometria 4 years after endometrial ablation had an improved quality of life following hysteroscopic intrauterine adhesiolysis and the use of Oxiplex/IU.



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Case Introduction

Post Menopausal woman with fundal hematometria 4 years after Novasure endometrial ablation surgery.

Case Presentation

A 56 year old female presented with worsening lower abdominal cramping and episodes of mild PV bleeding. She had been on HRT (femoston 1mg/2mg) for severe menopause symptoms. The patient had 3 normal deliveries and 1 Caesarean section. She had an endometrial ablation 4 years prior to presentation for menorrhagia.

The patient had a pelvic ultrasound which showed a bulky adenomyotic fibroid uterus with a pocket of hematometria at the upper 3rd of the endometrial cavity measuring 34 x 14 x 22 mm (3.5mls). There were sonographic features suggestive of lower uterine segment adhesions likely from her previous endometrial ablation procedure. Both ovaries appeared normal (please view "Video #1: Ultrasound Video - March 2021" on FzioMed's YouTube Channel @ <https://www.youtube.com/c/FzioMedInc/playlists>).

She was hesitant to have a hysterectomy and opted to have a hysteroscopy with intrauterine adhesiolysis. Alternative options for HRT were discussed with the patient but she elected to remain on femoston .

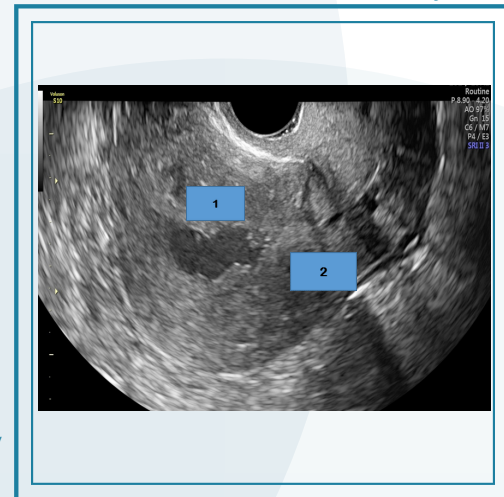
Operative Approach

She underwent a hysteroscopy with intrauterine adhesiolysis using the Bettocchi operating hysteroscope and cold scissors in March 2021.

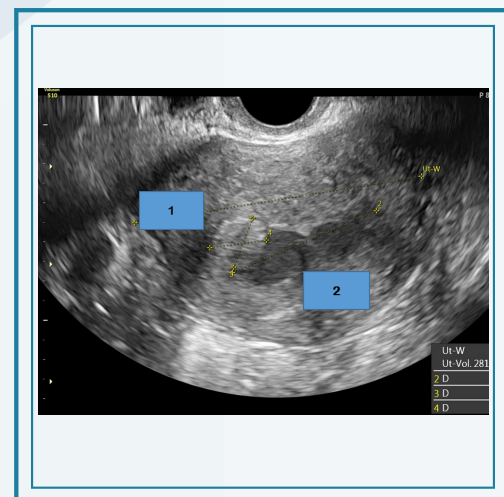
At surgery, the endometrial cavity could not be accessed with hydro dilatation as there were moderate (ASRM stage 2) intrauterine adhesions affecting the lower 2/3 of the endometrial cavity up to the level of the internal os. The hematometria was accessed following cautious dissection and adhesiolysis with cold scissors. A lavage of the endometrial cavity was undertaken using a Myosure hysteroscopy system (please view "Video #2: Surgical Video - March 2021" on FzioMed's YouTube Channel @ <https://www.youtube.com/c/FzioMedInc/playlists>). Thereafter 7 mls of Oxiplex/IU was inserted into the uterine cavity and endo cervical canal.

She had an unremarkable post-op recovery and reported minimal to no lower abdominal cramping at her postoperative follow up. She reported no persistent or bothersome vaginal discharge. She continued to use femoston for her menopause management and reported infrequent episodes of painless mild PV bleeding lasting 1-2 days.

Ultrasound images of the uterus showing the presence of a FIGO Type 2 fibroid (13 x 14 x 15 mm) in the anterior myometrium, hematometria in the upper 3rd of the endometrial cavity (45 x 41 x 29 mm) and post ablation adhesions affecting the lower 2/3rd of the endometrial cavity



Logitudinal View of the Uterus-
1: Upper 3rd with hematometria
2: Lower 2/3rd with adhesions



Transverse View of the Uterus-
1: FIGO Type 2 fibroid
2: Hematometria

Follow-Up

A follow up hysteroscopy was scheduled for 3 months post op but due to Covid19 delays, the second look hysteroscopy occurred 7 months post op. At her second hysteroscopy, access to the endometrial cavity was achieved with cervical hydro dilatation using a diagnostic hysteroscope - an operative hysteroscope was not required. She had no adhesions in the lower uterine segment. The endometrial cavity was noted to have a 2-3cm FIGO type 2 intramural fibroid with areas of neovascularization in the endometrium (please view "Video #3: Followup Hysteroscopy Video - September 2021" on FzioMed's YouTube Channel @ <https://www.youtube.com/c/FzioMedInc/playlists>). There were no adhesions within the endometrial cavity. Endometrial samples taken for histology were reported as benign.

Discussion

Oxiplex/IU has a role in the management of post ablation intrauterine adhesions and hematometria in women choosing a conservative option of care. Oxiplex/IU demonstrated a reduction in the risk of recurrence of intrauterine adhesions and contributed to an improvement in the quality of life of this patient.