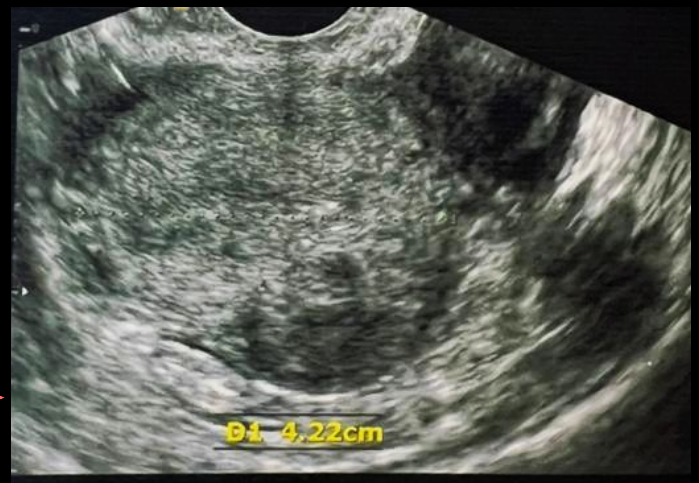
PSEUDO-UNICORN UTERUS AS COMPLICATION AFTER UTERINE LEIOMYOMA EMBOLIZATION: CASE REPORT

CASE REPORT

2019

38 years-old woman with pelvic pain and abnormal uterine bleeding performed a transvaginal ultrasound (US) and was diagnosed with a myoma.

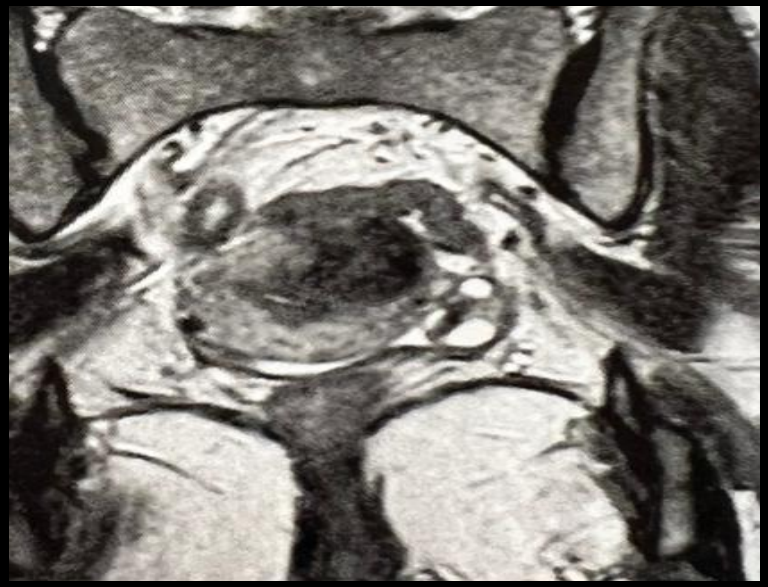
US shows solid subserosal hypoechoic nodule, with well-defined contours in the anterior uterine wall.



2021

After two years of clinical follow-up and refractoriness of symptoms, a magnetic resonance (MRI) was requested, showing an increase in fibroid volume. Therefore, the medical team decided to perform an embolization.

Coronal MRI T2WI showing an intramural uterine fibroid (asterisks) that have a relationship to both the endometrium and serosal surface of the uterus.



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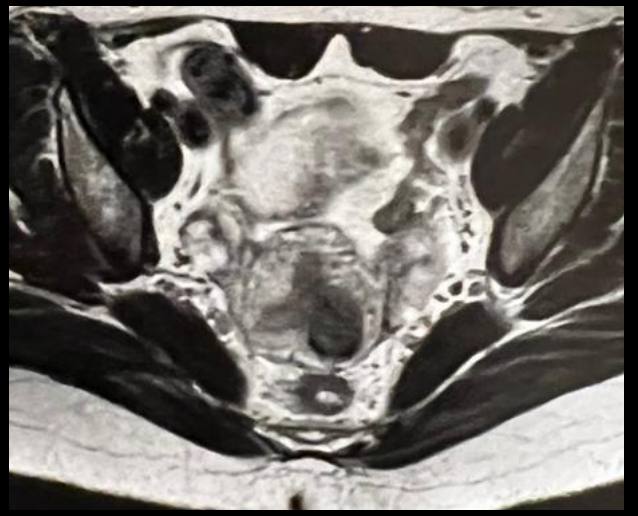
CASE REPORT

2022

Almost 12 months after the uterine artery embolization, a MRI was requested for follow-up.

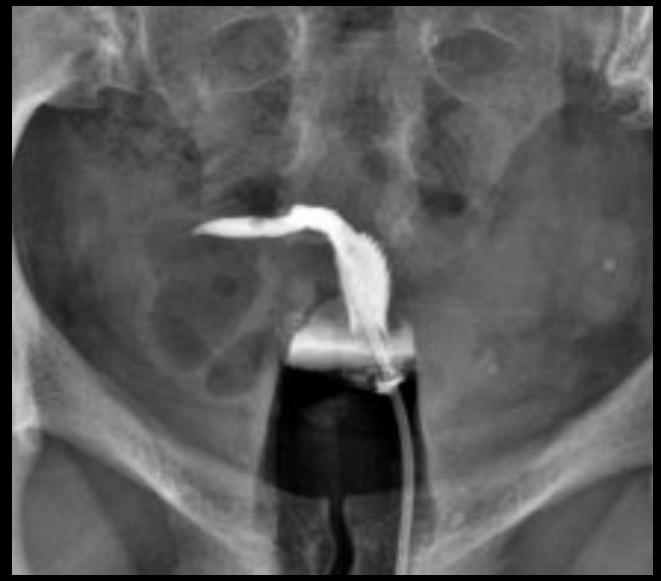
Axial T2-weighted MRI images showing the intramural uterine fibroid (asterisks) with slight volume reduction.



2023

One year later, a transvaginal US, a pelvic MRI and a hysterosalpingography (HSG) were requested to evaluate infertility, demonstrating the development of a uterine synechiae in the site of the embolized myoma, partially occluding the uterine cavity and determining the pseudo-unicornuate appearance.

HSG shows spindle shape uterus with unicorn appearance (pseudo-unicorn uterus) in the right pelvic cavity. There is no contrast filling in left horn due to adhesion/synechia



DISCUSSION

CONCEPTS

Uterine leiomyomas (also known as myomas or fibroids) are the most common gynecologic neoplasm.

CLINICAL MANIFESTATIONS

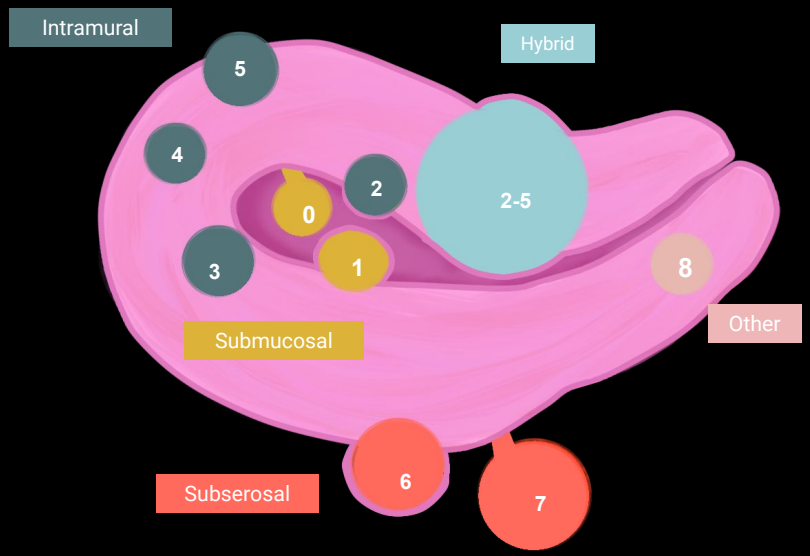
Uterine fibroids are frequently asymptomatic. When symptomatic, their symptoms can manifest as reproductive dysfunction (submucosal component distorting the endometrial cavity), menstrual abnormalities (dysmenorrhea, menometrorrhagia, prolonged bleeding), and symptoms related to mass effect (compression of pelvic structures).

DIAGNOSTIC

Uterine fibroids are easily characterized radiologically when typical.
The ultrasound is the modality of choice for the initial assessment.
MRI may be indicated to study uterine fibroids with atypical characteristics or for pre-intervention planning.

CLASSIFICATION

Defined by the Fédération Internationale de Gynécologie et d'Obstétrique (FIGO).
0: pedunculated intracavitary
1: ≥50% submucosal
2: <50% submucosal
3: 100% intramural, contacting endometrium
4: intramural
5: subserosal ≥50% intramural
6: subserosal <50% intramural
7: subserosal pedunculated
8: other (ex.: cervical, parasitic)



DISCUSSION

COMPLICATIONS ASSOCIATED WITH UAE

Early complications: uterine ischemia, pelvic inflammatory disease, tubo-ovarian abscess, intracavitary hemorrhage, pulmonary embolism.

Late: amenorrhea spectrum findings, premature ovarian failure, subsequent pregnancy-related complications.

UNDERSTANDING HOW THE COMPLICATION HAPPENED