

# Hysterectomy in a 33-year-old nulligravida woman with grade IV endometriosis, infertility and Mullerian anomaly: A case report

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## Background

Endometriosis is thought to be present in up to 10% of women, but is seen in almost 50% of women with infertility<sup>1</sup>. The disease can be difficult to diagnose and manage, and poses significant economic and personal burdens on women and couples.

Managing severe endometriosis, and associated pain and infertility can lead to clinical dilemmas, and involve difficult patient decisions. This case highlights such a dilemma where hysterectomy was performed for severe endometriosis in a nulliparous woman who had desired fertility.

## Case

A 33-year-old nulligravida woman with known grade IV endometriosis, uterine didelphys and a longitudinal vaginal septum presented to her gynaecologist requesting hysterectomy.

The woman and her partner had been trying to conceive for over 3 years. She had one cycle of ovarian stimulation where 2 oocytes were collected but no embryos formed. Her partner's semen analysis was normal. She also had polycystic ovarian syndrome, having oligomenorrhoea and clinical hyperandrogenism. All bloods were normal and there was no polycystic ovarian morphology on ultrasound. She had a history of depression and was seeing a psychologist. The couple decided to stop trying for pregnancy and planned on adopting in the future.

The woman's pain was intractable. Conservative management with 2 prior laparoscopic resections and hormonal therapies with a progestin and GnRH agonist had failed. Prior to arranging surgery, management involved a gynaecologist and fertility specialist, and consults with a colorectal surgeon. She proceeded to have a total laparoscopic hysterectomy with ovarian conservation and resection of vaginal septum. Surgery involved significant adhesiolysis, resection of grade IV endometriosis, and bowel resection due to infiltrating rectal nodules.

## Discussion

Hysterectomy for definitive treatment of endometriosis is usually reserved for women who fail conservative treatment and who have completed childbearing.

In a nulliparous woman of reproductive age, the request for hysterectomy presents a challenging clinical scenario, and highlights the importance of multi-disciplinary team management and informed decision making.

### References

- 1 Dunselman GA, Vermeulen N, Becker C, Calhaz-Jorge C, D'Hooghe T, De Bie B, Heikinheimo O, Horne AW, Kiesel L, Nap A, Prentice A, Saridogan E, Soriano D, Nelen W. ESHRE guideline: management of women with endometriosis. Hum Reprod. 2014 Mar;29(3):400-12.