A Rare Case Of Hemoperitoneum And Acute Abdomen Caused By Retrograde-menstruation Following Endometrial Ablation

Case Report And Review Of Literature

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Introduction

Endometrial Ablation (EA) has become adopted throughout most of the developed world filling an important gap between medical therapy and hysterectomy.

The late-onset endometrial ablation failure (LOEAF) described as complications related to EA that occur beyond 1-month post-operative period. This has an incidence rate of nearly 25% and can be manifested as either persistent vaginal bleeding or cyclical pelvic pain or inability to assess the endometrium when later require evaluation[1]. Combination of Endometrial scarring and consequent contractures leading to outflow tract obstruction and retrograde menstruation is attributed as causes for cyclical pain.

Objectives

To describe a case of recurrent episodes of acute abdomen caused by significant hemoperitoneum as a result of LOEAF and to review literature for aetiology and management recommendations.

Case

53-year-old woman who had a bipolar radiofrequency endometrial ablation procedure 6 months ago presented to the A&E with acute abdomen and detected to have massive hemoperitoneum. A mid-line laparotomy was performed by the surgical-team and found no cause for hemoperitoneum and was discharged home. A month later she presented with similar pain with hemoperitoneum. Diagnosis of LOEAF with cyclical pelvic pain and retrograde menstruation was made and hysterectomy was performed.

Results

Subsequent follow-ups were uneventful, and patient made a complete recovery. Histopathology revealed a small focus of left tubal low-grade mesothelioma. Post-endometrial ablation related hysterectomy incidence is ranging from 13%-26% by the 8th post-ablation year and the commonest cause is cyclical pelvic pain[1,2].

Younger age, tubal ligation, leiomyomas, thickened endometrium, endometrial Polyps, endometriosis, uterine anatomical distortions, history of severe dysmenorrhoea were some of the recognized risk factors for the LOEAF[3,4].
Several studies[5–7] highlighted that the LOEAF can manifest themselves in the months and years following EA requiring nearly a quarter of subjects to undergo hysterectomy.

Discussion

Prevention of LOEAF can be achieved by proper patient selection, correct procedure and device selection, partial endometrial ablation, and combined endometrial ablation with Levonorgestrel Containing Intrauterine Device[1].

Gynecologists' knowledge on risk factors of development of LOEAF and accurate patient selection for Endometrial ablation as well as knowledge on management options of LOEAF are critical in reducing suboptimal outcomes and enhancing delivery of quality patient care.

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