



- Poster Number: EP 208 Name: Dr P. Sowkanthika, Prof Dr Prabha J, Supd Dr Shanthi K Elango
- Title: **HYSTERO-LAPARAROSCOPIC IMAGING AND FOLLOW-UP IN A CASE OF SECONDARY AMENORRHEA FOLLOWING UTERINE ARTERY EMBOLIZATION FOR INVASIVE MOLE- A CASE STUDY**



**INTRODUCTION:** Uterine artery embolization has been tried as a treatment modality in selected cases of invasive molar pregnancy along with suction evacuation and chemotherapy in women desirous of fertility. Secondary amenorrhea is a long-term complication and we have evaluated one such case. [1,2]

**OBJECTIVE:** Imaging and follow-up of a case of secondary amenorrhea following uterine artery embolization for invasive mole.

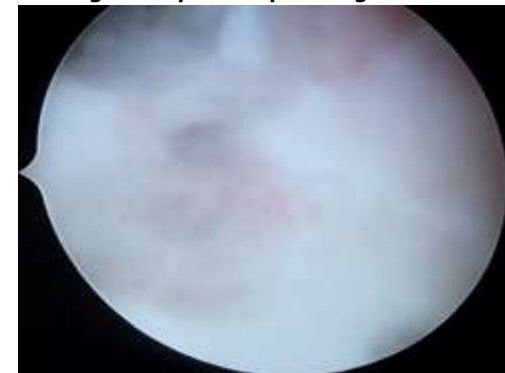
**CASE REPORT AND SURGICAL PROCEDURE:** A 20-year-old A1, treated for molar pregnancy 3 years ago, presented to our hospital with a history of 2.5 years of secondary amenorrhea. Clinical examination showed a normal sized uterus. Her routine blood investigation and test for ovarian reserve were within normal limits. MRI Pelvis showed indistinct junctional zone in upper part of uterus with increased myometrial signal intensity in fundus and upper half of uterus suggestive of possible post uterine artery embolization change. Endometrial thickness could not be assessed. Hysteroscopy proceeded showed presence of synechiae near the cervical internal os and **flimsy and dense adhesions**. Adhesiolysis proceeded and ostia were visualized. **Endometrium appeared atrophic, unhealthy and pale**. Diagnostic laparoscopy showed an **irregular, scarred, variegate appearing uterus**. Bilateral tubes appeared normal and ovaries appeared polycystic. Bilateral dye spill was present. Post adhesiolysis we inserted Copper-T and started her on Oral Conjugated Estrogen 0.625mg and Oral Dydrogesterone 10mg postoperatively. Towards the end of 6 months the patient had 2 cycles of menstruation with 2 days of bleeding. Through serial ultrasound imaging endometrial regeneration was identified.

**DISCUSSION:** Uterine procedures such as vigorous curettage, high negative-pressure suction evacuation, prolonged duration of evacuation can damage the basalis layer of endometrium resulting in Asherman's syndrome. Amenorrhea and infertility are common presentations of this syndrome. Thyroid profile, S. Prolactin and tests for ovarian reserve are done to rule out other causes of amenorrhea. [3] Uterine artery embolization, more in use for treatment of uterine fibroids, is a minimally invasive and uterus preserving technique. It can lead to complications such as post-embolization syndrome, endometrial atrophy, secondary amenorrhea, infertility and rarely uterine necrosis if collateral blood supply is not well developed. [2]

**CONCLUSION :** Uterine artery embolization used as a uterus conserving therapeutic measure can result in secondary amenorrhea and scarred uterus which requires prolonged hormonal therapy to attain endometrial regeneration which can be partial or complete.



**Image 1: Laparoscopic image**



**Image 2 : Hysteroscopic image**

#### REFERENCES:

1. Qian, J., Xu, S. & Chen, L. Cornual invasive hydatidiform mole: a rare case report and literature review. *BMC Women's Health* 23, 566 (2023). <https://doi.org/10.1186/s12905-023-02727-z>
2. Partosh D, Hale G. Management of Partial Hydatidiform Mole and Subsequent Intrauterine Adhesions: A Case Report and Literature Review. *Innov Pharm.* 2020 Oct 28;11(4):10.24926/iip.v11i4.3445. doi: 10.24926/iip.v11i4.3445. PMID: 34007656; PMCID: PMC8127118.
3. Ghassemzadeh S, Farci F, Kang M. Hydatidiform Mole. [Updated 2023 May 22]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK459155/>