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Title: Laparoscopic Management of Accessory Cavitated Uterine Mass (ACUM) with features of adenomyosis: A Rare Cause of Severe Dysmenorrhea

INTRODUCTION

Accessory Cavitated Uterine Mass (ACUM) is a rare congenital anomaly of the uterus characterized by the presence of a non-communicating functional uterine cavity. It is often associated with severe dysmenorrhea and a significant impact on the quality of life. This condition is frequently misdiagnosed, leading to delayed intervention. The case presented here highlights a 30-year-old unmarried female with a history of severe dysmenorrhea and past surgical intervention for a similar complaint, culminating in the diagnosis and surgical management of ACUM.

OBJECTIVE

To present the clinical presentation, diagnostic workup, surgical management, and histopathological findings of a rare case of ACUM, emphasizing the importance of early diagnosis and appropriate intervention.

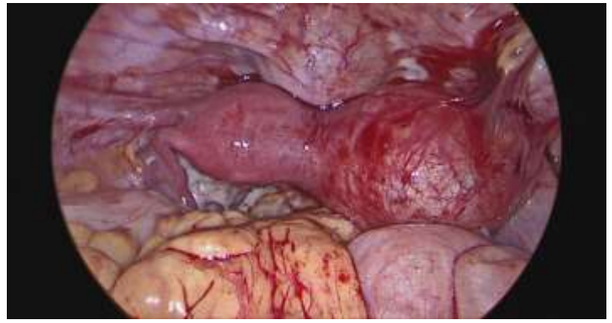
CASE PRESENTATION

A 30-year-old unmarried female presented with complaints of dysmenorrhea for 7-8 years, which worsened over the last 6-7 months. She had a history of exploratory laparotomy in 2019 for a right adnexal lesion with intraoperative finding suggestive of bicornuate unicolis uterus.

Her recent MRI revealed an accessory cavitated uterine mass of 4.8 x 3.9 cm on the right side, continuous with the main uterus. Systemic and general examinations were unremarkable. Vaginal examination could not be performed as patient was unmarried. She was scheduled for laparoscopic removal of the mass SOS Exploratory Laparotomy.

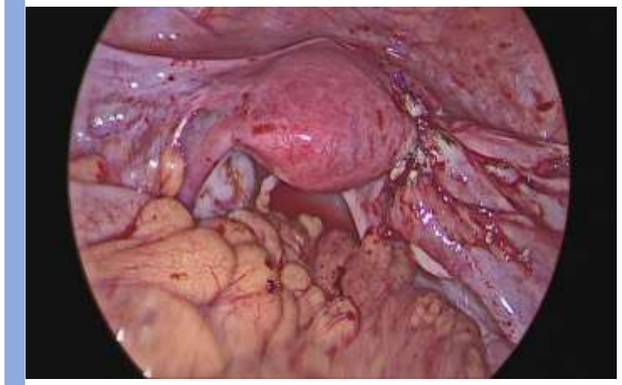
OPERATIVE PROCEDURE

The patient underwent Laparoscopic removal of the accessory cavitated uterine mass. Intraoperative findings revealed a 5 × 7 cm accessory cavitated mass on the right side in continuation with the main uterus but non-communicating with the cervical canal. The lateral uterine wall was approximated with the adnexa using Barb sutures. The specimen was sent for histopathological examination. Histopathology confirmed the diagnosis of ACUM with adenomyotic changes.



DISCUSSION

ACUM is a rare form of uterine anomaly that can mimic other conditions like fibroids, endometriosis, or ovarian masses. The patient had a history of prior surgical intervention, but her symptoms recurred, prompting further evaluation. MRI played a crucial role in diagnosis. Surgery involved laparoscopic removal of the mass. Histopathology confirmed the diagnosis. Early recognition and management of ACUM are critical to improving patient outcomes, especially in young women experiencing refractory dysmenorrhea. Minimally invasive techniques, such as laparoscopy, provide better visualization, reduced morbidity, and faster recovery.



CONCLUSION

This case underscores the importance of considering ACUM in young females with refractory dysmenorrhea and a history of pelvic masses. MRI is instrumental in diagnosis, and laparoscopic surgery is an effective treatment option. Early intervention can significantly improve the quality of life for patients with this rare condition.

REFERENCES

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