Abnormal uterine sangation, cervical pólipo, adenomyosis, uterine myomatosis and endometriose: Case report

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ABSTRACT

Abnormal uterine bleeding is defined as excessive menstrual loss that has relevant physical, emotional, and social repercussions. It is a common condition that affects about 1/3 of women of all ages and negatively affects the quality of life of patients. There are 4 main structural causes of this condition and this study reports the case of a 40-year-old woman who, after careful investigation, was diagnosed with three of them: adenomyosis, cervical polyp and uterine myomatosis. In addition, the patient was also diagnosed with endometriosis. A successful invasive surgical approach of total abdominal hysterectomy was suggested.

Keywords: Bleeding, Quality of life, Hysterectomy.

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INTRODUCTION

To conceptualize abnormal uterine bleeding – AUB – it is first necessary to establish what is considered normal menstrual bleeding. With an average duration of 3 to 8 days and with a blood loss of 30 to 80 ml, we have a menstrual flow considered normal. The average cycle varies between 24 and 34 days. Therefore, abnormal uterine bleeding is that which presents alterations in one or more of these three parameters, being, therefore, a clinical manifestation that should be investigated in search of a definitive diagnosis.

There are many possible causes for this condition, being first divided into structural and non-structural causes. Structural causes include polyps that can be cervical or endometrial, adenomyosis, leiomyoma, and malignancies. Non-structural causes, on the other hand, include coagulopathies, ovulatory disorders, endometrial disorders, and iatrogenesis. Therefore, there are numerous hypotheses that can be questioned and should be excluded with the help of diagnostic methods, so that only after all the investigation can we safely propose the invasive surgical resolution that also has consequences, especially in the case of a young patient who does not yet have complete offspring.

Dysfunctional or endocrine uterine bleeding is a frequent disorder that can occur at any time of a woman's reproductive period, but it is mainly concentrated in its extremes, that is, right after menarche and in the perimenopausal period.

These bleedings can cause several repercussions in the patient's life. The most common of them is anemia responsible for worsening quality of life, in addition to 83% of patients consider that AUB impacts their daily activities, professional activities and many of them avoid social activities because of this. A careful analysis, detailed anamnesis and careful investigation of cases like this are necessary.

CASE REPORT

Patient A.G.S.F., female, 40 years old, primiparous with no history of miscarriage, menarche at 11 years of age, reports that she had irregular cycles, lasting 3 days and moderate flow, associated with intense menstrual cramps since menarche. In recent years, the patient sought medical attention, was requested and performed a pelvic ultrasound via transvaginal, being informed that there was no change and oriented about the normality of her cramps and menstrual flows and, therefore, never used any contraceptive method to control symptoms. However, since February 2022, she has reported an alteration in the menstrual cycle, with an increase in flow, becoming of strong intensity, lasting about 7 to 8 days, associated with an increase in menstrual cramps that have become disabling, as well as intense dyspareunia. As the only improvement factor, she reported the use of ketoprofen 150mg 3 times a day associated with mefenamic acid throughout her menstrual period, in which she was limited in performing her daily activities. In October 2022, the condition worsened, with

increased bleeding and cramps during the menstrual period, with intense pain during period intervals. On this occasion, a transvaginal and abdominal ultrasound with bowel preparation was requested to search for foci of deep endometriosis, whose examination presented the following conclusion:

- Deep endometriosis in the lateral and posterior compartments, with endometriomas in the left ovary, with involvement of uterosacral ligaments, especially the left one, and the rectosigmoid bowel loop
- Fibroadherential changes between ovaries and uterine serosa
- Uterine echotextural and volumetric changes suggestive of adenomyosis
- Umbilical hernia
- Diastasis rectus abdominis

In association with transvaginal pelvic ultrasound, an MRI exam was requested, the conclusion of which was the following report:

- Enlarged ovaries with bilateral cystic images, mostly with spontaneous hyposignal on T1-weighted and intermediate signal on T2-weighted sequences consistent with endometriomas
- Small focus of endometriosis in the uterine body region posteriorly, with no signs of invasion of the uterus or sigmoid

Through the patient's clinical practice, which presented complaints of abnormal uterine bleeding and pain that prevented her from performing her usual daily activities, associated with complementary imaging tests that showed multiple structural and non-structural causes of abnormal uterine bleeding such as polyp, adenomyosis, leiomyoma, deep endometriosis associated with adhesions, in addition to failure of clinical treatment, Surgical resolution of the condition was chosen.

In February 2023, total abdominal hysterectomy surgery was performed, with a Fanestil incision. After dissection of the planes, it was possible to visualize foci of endometriosis, the fibroid located in the uterine fundus region (Figure 1), in addition to the positioning of the ovaries posterior to the uterus, called *Kissing ovaries* , which, in most cases, occurs due to the displacement that the adhesions themselves can cause (Figure 2).

The ligaments were dissected, as well as the uterine artery was ligated and the adhesions were removed, until the removal of the organ was possible. The body and cervix, fallopian tube, right and left ovary were removed. Only then was it possible to visualize the cervical polyp (Figure 3). There was no heavy bleeding during surgery or other complications. The procedure was completed after suturing of planes and skin.

The patient was under observation for 48 hours in the hospital after surgery, evolved with overall improvement of symptoms, was discharged in good clinical condition and was prescribed medication in case of pain.

A few days after surgery, the anatomopathological examination showed a polypoid lesion in the uterine body measuring about 1.1 cm, sinuous fallopian tubes bilaterally and a left ovary containing a binocular cyst with serous content measuring 3.3 cm. A microscopic examination was performed that showed a uterine body with endometrial polyp without atypia and a focus of adenomyosis without atypia, uterine cervix with mild chronic cervicitis and squamous metaplasia of the endocervical epithelium without atypia. Right ovary showing foci of endometriosis without atypia, follicular cysts without atypia, epithelial inclusion cysts without atypia and corpus albincans without atypia and left ovary showing hemorrhagic corpus luteum cyst without atypia and foci of endometriosis without atypia, as well as follicular cysts without atypia, epithelial inclusion cysts without atypia and corpus albincans without atypia. Fallopian tubes bilaterally lined with typical ciliated columnar epithelium.

Figure 1 – Uterine fibroid in the fundic region

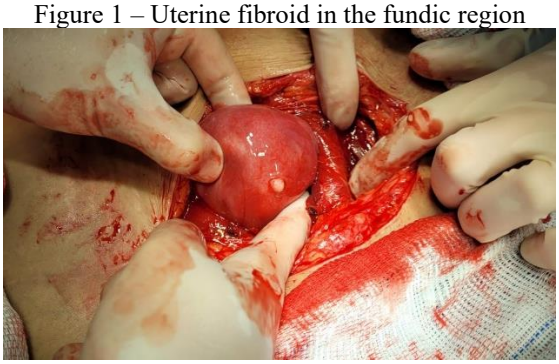

Figure 2 – Kissing ovaries

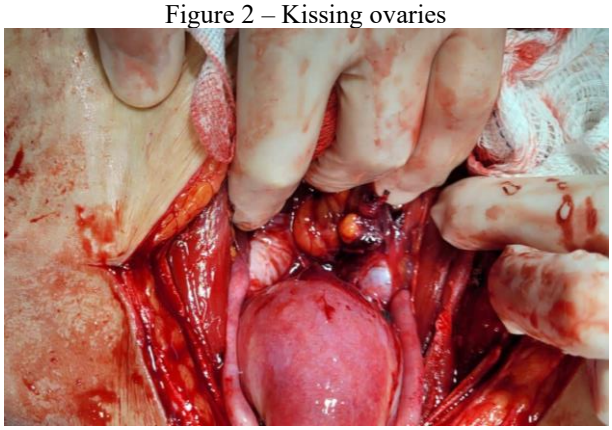

Figure 3 – Pólipo cervical

DISCUSSION

Abnormal uterine bleeding is a common problem of women, it occurs most commonly in the beginning and end of childbearing age. The most common non-structural cause is ovulatory dysfunction, when there is no ovulation or when this process occurs in a Symptoms depend on the cause of bleeding, and may or may not be associated with menstruation, negatively affecting physical, emotional, professional, and sexual aspects of patients' lives.

Suspicion of AUB occurs when there is irregularity or excessive volume in the menstrual cycle. Detailed anamnesis is essential and the first step towards a correct diagnosis. Anemias, coagulation disorders, abnormal hormone concentrations of the menstrual cycle itself, thyroid hormones and prolactin should always be measured and considered in the investigation of possible causes and consequences associated with abnormal uterine bleeding.

The conduct depends on the condition of each patient, and the physician may opt for definitive surgery or require hemodynamic stabilization with volume replacement. In the case of acute bleeding, we must stabilize the patient and if there is no response, the conduct is urgent surgery.

The use of high-dose contraceptives alone, high-dose progestins alone or tranexamic acid is indicated in case of attempted oral treatment, since, among other variables to be evaluated, the reproductive desire of each woman must be considered. Surgical treatment can be performed in many ways depending on the alteration presented by each patient, and only one myomectomy or a total hysterectomy can be performed. Endometrial ablation with uterine artery embolization is also an option to consider.

CONCLUSION

Therefore, we conclude that AUB affects the patient's life globally, brings not only relevant clinical repercussions, but also social consequences that affect the patient's quality of life. Research and a possible diagnosis become fundamental in ensuring social well-being and resumption of usual daily activities.

CONFLICTS OF INTEREST

The authors have no conflicts of interest in disclosing it.

ACKNOWLEDGMENT

The data collected will lead to the expansion and deepening of knowledge about the symptoms, possible causes, and outcomes in cases of abnormal uterine bleeding. In addition, this study aims to broaden the view that it is possible to have more than one associated cause for the same diagnosis.

APPROVAL BY ETHICS COMMITTEE

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