Objective

To present a case suggesting a possibility of the development of endometriosis following endometrial ablation.

Case History:

Mrs. AA, G2P2, Early 50’s, presented with severe abdominal pain one year after successful radiofrequency endometrial ablation for long standing menorrhagia.

• No prior evidence of endometriosis in history, examination or on ultrasound.
• Lumpectomy and radiation therapy for breast ductal carcinoma in situ (DCIS)
• Family History: bowel cancer (mother)

Clinical examination:

Afebrile and distressed. Voluntary guarding and tenderness in both iliac fossae region. No rebound tenderness. CRP 27.6
Ultrasound: 3cm left hemorrhagic ovarian cyst with surrounding free fluid, and probe tenderness over left ovary/adnexa.

Management:

Analgesia, tertiary ultrasound scan, tumor markers and optimise surgical options depending on risk of malignancy index (RMI)

Outcome:

At review: ongoing pain. Repeat ultrasound: bilateral ovarian follicles.
Raised tumor markers: CA 125 (48), CA 19-9 (144).
Laparoscopic bilateral salpingoophorectomy revealed severe endometriosis in both tubes and ovaries.

Discussion

• Published case report and this case supports the retrograde theory with development of endometriosis. (5)
• Delay in development of symptoms post ablation supports this theory.
• No studies to date explores the direct relationship of endometriosis post endometrial ablation.

Conclusion

This is a case report of a patient who was found to have severe endometriosis post endometrial ablation, which may have been caused by retrograde menstruation. Further studies are required to establish a direct link.

References

1. Pathogenesis and pathophysiology of endometriosis. Fertility and Sterility®
2. Pathogenesis, clinical features, and diagnosis of endometriosis. UpToDate
4. Endometrial resection and ablation techniques for heavy menstrual bleeding. Cochrane Database of Systematic Reviews.