

Cervical stenosis causing haematocervix and haematometra in a postmenopausal woman

Nicola English, Ellen Harker, Mathias Epee-Bekima

King Edward Memorial
Hospital for Women Perth,
Subiaco, Western Australia,
Australia

Correspondence to
Dr Nicola English, nicola.
english@health.wa.gov.au

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DESCRIPTION

A 73-year-old woman was referred to our gynaecology clinic with a 2-week history of pelvic and vaginal pain. The pelvic ultrasound and CT scan suggested a 10 cm haematometra and a 4 cm cervical cyst (figures 1–4).

She had no history of postmenopausal bleeding and her most recent pap smear was normal.

The patient had been using tamoxifen for the previous 10 years for primary breast cancer.

Examination revealed a large, mobile uterus and what appeared to be a cervical mass obscuring the cervical os.

She was booked for an examination under anaesthesia and hysteroscopy.

Prior to the procedure she presented with worsening suprapubic pain. She was febrile and tender suprapubically. An emergency EUA was performed with a presumptive diagnosis of an infected haematometra.

At time of surgery the initial cervical mass was found to be a large haematocervix with stenosis of the external os. The cervix was incised and dilated which drained 800 mL of old blood from the cervix and uterus. The underlying endometrium appeared normal on hysteroscopy. Histology was also normal.

She was discharged home well on day 4 postoperatively.



Figure 1 Pelvic ultrasound scan featuring a large haematometra.



Figure 3 CT scan sagittal view—uterus enlarged with haematometra.



Figure 2 Transvaginal ultrasound scan—cystic area at cervix initially reported as a nabothian cyst.



Figure 4 Uterus enlarged with haematometra.



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Learning points

- ▶ Cervical stenosis can occur as a result of hypo-oestrogenism and vaginal atrophy.¹
- ▶ Haematometra in a postmenopausal woman requires investigation for underlying malignancy.

Competing interests None declared.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

REFERENCE

- 1 Pandit L, Ouslander GJ. Post menopausal vaginal atrophy and atrophic vaginitis. *Am J Med Sci* 1997;314:228–31.

Contributors ME-B was consultant gynaecologist in charge of the case. EH managed the emergency admission and performed the procedure. NE collected data and images for the article. All authors contributed to the article.

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