Aseptic Necrosis of Hysterorrafia. Case Report

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Abstract

Introduction

Aseptic necrosis of hysterorrafia was described more than 80 years ago as a bleeding syndrome that occurs after CS mainly when they are repeated. Apparently, in some of the CS, the accidental occlusion of one of uterine arteries could produce an infarct of the myometrium at the angle of the hysterorrafia, and as a consequence, the bleeding appears at the same time as myometrial necrosis starts, sometimes scarce and sometimes heavy, affecting the mother’s health. The bleeding does not decrease with the classic treatments and start at any moment and stop at any moment too. It can be serious enough to affect the patient health. In the past, the usual resolution was the total or partial hysterectomy.

Case

A 35 years old patient with uncontrollable metrorrhagia post cesarean section treated with surgical conservative technique.

Conclusion

Not all cases of ANH need a Hysterectomy as a definitive treatment. A conservative approach could be successful.
ger (Figure 2-3). We removed the necrotic tissue and rebuild the hysterorrhaphia with separated stitches with catgut (Figure 4-5-6). With a good uterine retraction and good homeostasis, we closed the abdomen. The patient did well and was discharged 48 hours after surgery and she remain a symptomatic for more than a six month. She does not re assumed still her menses because she continue breast feeding her baby. Weper formed a monthly ultrasound control and all the images were normal during the follow up and the patient is a symptomatic without any urinary dysfunction.

Figure 1: We can observe the uterus (green arrow), the bladder occluding the hysterorrhaphia (red arrow) and the necrotic area (blue arrow).

Figure 2: We descended the bladder (red arrow) and the necrosis was bigger (blue arrow).

Figure 3: The bladder libered from the hysterorrhaphia (red arrow) and then ecrotic area in the uterus (blue arrow).

Figure 4: Observe the bladder moved down (red arrow) and the liberation of the inferior lip of the hysterorrhaphia (blue arrow).
ANH is an entity described long time ago, and the usual treatment was the hysterectomy. We presented a case solved by conservative surgery, allowing the normal gynecology evolution and perhaps a new future pregnancy. Some authors have commented in unpublished discussions that the origin of the problem is an anomalous vascular supply of the uterus. But, none of them have performed an arteriogram before pregnancy to support this argument against the presence of neovascularization for the necrosis and inflammatory process. According Lofrumento et al. study[1], myometrial wound healing could be related with phenotype and genotype of the patient and would involve several cytokines to create the scar. In our search of articles related with the subject of our case in Pub Med and Up to Date,

We found only the article of Jae-Hyun Kwon[2] about a patient who developed uterine necrosis, but it was a twin pregnancy previously embolized. We did not find articles about specifically post cesarean section uterine scar necrosis. So, we continue sustaining the old description about the origin of ANH and propose that the treatment should be conservative instead to remove the uterus.

References: