

## Ichthyosis Uteri – A Case Report

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Sixty five years old patient came to the hospital with history of pain in the lower abdomen, fever, and white discharge since one month. Patient was pale and under nourished. Pelvic examination revealed pus in the vagina and tenderness in the lower abdomen. Ultra sound revealed features of pyometra. Laboratory tests showed TLC 17500/cu mm. Hb. 8.9 gms. ESR 28mm/1<sup>st</sup> hr. Blood sugar, urea, creatinin were within normal limits. Seventy ml of pus was drained. Sunsequently subtotal hysterectomy with bilateral salpingophorectomy was done.

Specimen of uterus and bilateral adnexa measures 9x7x3cms. Cut section showed distended endometrial cavity with cobblestone appearance of endometrial surface through out its full extent (Photograph 1). Rt. ovary was cystic. Lt. ovary was normal.



Photograph 1: Total endometrial surface showing cobble stone appearance

**Microscopy:** Multiple sections from uterus shows squamous metaplasia of the endometrial epithelium (Microphotograph 2). At places dysplastic changes seen. But evidence of malignancy was not seen in any sections. Rt. ovary showed simple cysts. Diagnosis of ichthyosis uteri was made.

Ichthyosis uteri-total squamous cell metaplasia of the uterine cavity is a rare finding. Medline search reveals only few documented cases and none from India. Ichthyosis uteri is seen in elderly, post menopausal women and is usually associated with endometrial polyp, leiomyoma, administration of oestrogen, uterine squamous papilloma, endometritis, pyometra, squamous cell carcinoma etc. In our case polycystic right ovary was seen and pyometra was evident. Potential malignancy in ichthyosis was looked into and malignancy was not seen in our case. Hysterectomy is recommended in cases of ichthyosis uteri in view of potential malignancy.



Microphotograph 2: Photomicrograph showing endometritis and total squamous metaplasia