Two Unusual Cases of Haematometra in Adolescent Girls with Simultaneous Menstruation

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Case No 1

Miss S.H., 15 yrs., admitted in C.N.M.C. Hospital on 26.10.99 with acute abdomen. History suggested pain in abdomen during and following menstruation since her menarche 2 yrs back. Intensity of pain increased gradually with extreme exaggeration in the last 2 months. O/E-G.C.-poor, anaemia \pm , pulse rate – 90/min. B/P – 110/70 mm Hg., P/A – Rigidity ++ in lower abdomen along with extreme tenderness. Lump could not be felt. U.S.G. – showed possibility of uterus didelphys with collection of blood mostly in the distended endocervical canal. Endometrial echo well maintained. Left Kidney absent. Examination under anaesthesia & Laparotomy done under G.A. on 6.11.99 after a course of parenteral antibiotics.

Examination (under anaesthesia) – A circumscribed tense cystic mass with a flushed rim surrounding the lower part (noncanalised external os) was felt in the left side with a firm 10cm 7cm swelling on top of it. The normal uterus along with the normal cervix could be felt on the right side of the vagina. Laparotomy revealed two separate uteri – right being of normal size with healthy tube and ovary. The left uterus was enlarged more so in the region of the cervix (size of an orange). Left sided haematosalphynx was adherent with gut and omentum. Left sided hysterectomy with left salpingectomy (of the haematosalphinx) was done. Postoperative period was uneventful.

Case No. 2

Miss U.K., 16 yrs., menarche at 12 yrs, having regular periods was admitted in C.N.M.C. Hospital on 7.12.99. She was having dysmenorrhoea for last 2 months. P/A Examination – A firm tender ill defined lump with

Fig. II



Fig. I



guarding in left hypogastrium. Provisional diagnosis – twisted ovarian cyst. Examination under anaesthesia (EUA) & laparotomy was decided upon. EUA revealed – normal uterus and cervix on the right side. On the left sie a hard mass of 14 weeks size was felt arising from the pelvis, mobile from side to side. Another swelling of soft consistency almost of the same size was felt on top of this. Laparotomy revealed – unicornuate uterus – healthy with normal right tube & ovary (menstruating uterus). On the left side a firm functioning non-communicating uterine horn (10cm/6cm) with haematometra was found. An associated haematosalpinx of approx 7.5cm/4cm was also seen with extensive adhesions to surrounding structures (Fig. I). The left non-communicating horn was excised along with the haematosalphynx. Postoperative period was uneventful. Post operative U.S.G. showed absence of left kidney.(Fig. II). Post operative IVP showed the same.

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