

Postabortal Intrauterine Fetal Bone as a Cause of Menorrhagia and Secondary Infertility

Rajeshwari Laxman Khyade*, Pundalik Sonawane**, Geeta Niyogi**

Background

Intrauterine retention of fetal bone is a rare complication of abortion, causing menorrhagia, irregular menstrual cycle, secondary infertility, chronic pelvic pain, dysmenorrhea, and vaginal discharge. A 25-year-old female P1L1MTP1 came with complaints of menorrhagia, irregular menstrual cycle, and secondary infertility with previous history of MTP done for lactational amenorrhea. USG was suggestive of hyper echogenic linear shadow in uterine cavity ?Foreign body ?IUCD ?endometrium with bone tissue. On hysteroscopy multiple bones were seen, one long bone was occupying both Ostia. Removal of fetal bones was done using hysteroscopic grasper in the same sitting. Patient resumed her normal menstrual cycle and later conceived spontaneously. Hysteroscopy is a gold standard for diagnosis and treatment of fetal bones in the uterine cavity.

Keywords: Intrauterine Fetal Bone; Abortion; Menorrhagia; Infertility; Hysteroscopy.

Introduction

Retained intrauterine fetal bone is a rare condition but recognized complication of MTP of advanced gestational age [6]. Patient usually

present with secondary infertility, menstrual irregularities, chronic pelvic pain, and dysmenorrhea [7].

Cases are diagnosed by ultrasound examination, hysterosalpingography and hysteroscopy

In our case patient had heavy menstrual flow along with secondary infertility.

The case study highlights the importance of ensuring the complete removal of product of conception following medical termination of pregnancy to avoid future complications.

Case

A 25 yrs. old woman married since 7 yrs. with normal sexual life, presented to gynaecology OPD with menorrhagia and secondary infertility. She was P1L1 with one abortion, done for lactational amenorrhea exact gestational age not known, 5 yrs. back. Post MTP patient had menorrhagia as she bleed for 8-10 days and was not able to conceive. She was not using any contraception. No past history of thyroid disorders. On examination vitals stable, mild pallor present, PA-soft, PS-cervix and vagina healthy, PV-uterus normal size, anteverted, bilateral fornix free.

Husband semen analysis was normal. Patient was advised USG pelvis, which showed Uterus, was size of 7.5X4.5X2.9cm. Endometrium measures 5-6 mm. Single linear hyperechoic mass measuring 2x2cm seen in the uterine cavity. Differential diagnosis was suggested as IUCD in the uterine cavity, or foreign body or bony tissue. Rest adnexa were normal.

*Assistant Professor

**Professor,

Department of Obstetrics and Gynaecology, KJ Somaiya Medical College And Hospital, Mumbai, India.

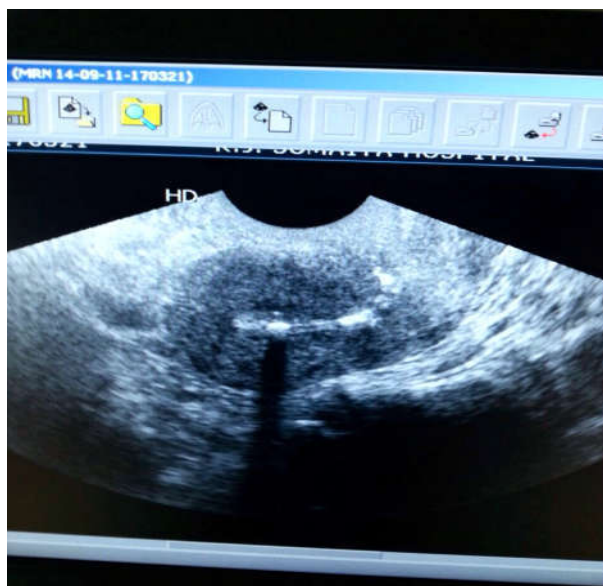
Corresponding Author:
Rajeshwari Laxman Khyade, Assistant

Professor, Department of Obstetrics, KJ Somaiya Medical College and Hospital, Sion, Mumbai-400 022, India.

E-mail:
krajeshwari2@yahoo.co.in

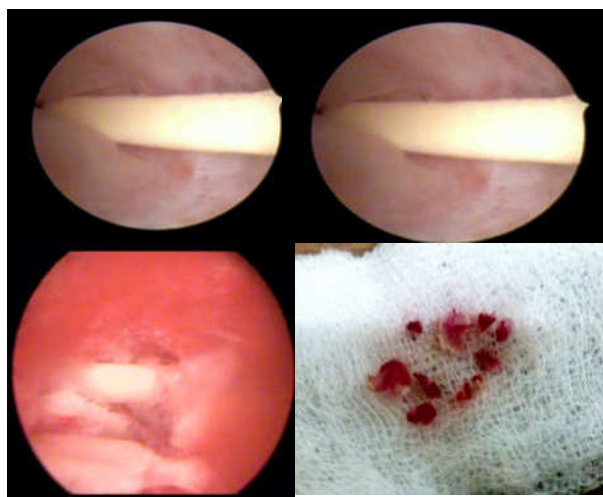
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Picture 1: Hyperechogenic linear shadow in uterine cavity

Patient was investigated and diagnostic as well as operative hysteroscopic removal of foreign body from the uterine cavity was planned. On hysteroscopy multiple fetal bones of various size and shape were present. One long bone was occupying both ostia; removal of fetal bone was done using hysteroscopic grasper, D&C was done. Histopathological examination showed proliferative endometrium with bone tissue.



Postoperative period was uneventful. She resumed normal menstrual cycle and conceived spontaneously after 5 months of surgery.

Discussion

Retention of fetal bone in uterus is rare complication of abortion [6]. It may lead to abnormal

uterine bleeding with secondary infertility, chronic pelvic pain, chronic white discharge and dysmenorrhea [7].

A case report by Van den Bosch et al [2] showed that uterine intramural bone may not affect fertility, but cause infertility by acting like uterine synechiae or as IUCD. Poor fertility outcome is due to increase in local production of prostaglandins which prevents blastocyst implantation [4].

Diagnosis is made by history of medical termination of pregnancy advanced gestational age, transvaginal ultrasound and hysterosalpingography. Hysteroscopy is invaluable tool in both diagnosis and as well as achieving successful removal of retained fetal bone. Songshu Xiao et al [1] reported a similar case of secondary infertility caused by intrauterine retention of fetal bone with intact morphology for 9 yrs. Moon et al [3] reported 11 cases in which retained fragments of fetal bone after second trimester abortion contributed to secondary infertility. Nalwad BP et al [5] reported similar case of intrauterine retention of fetal bone acting as a IUCD and causing secondary infertility.

Summary

Intrauterine retention of fetal bone is one of the complications of abortion of advanced gestation. It may lead to abnormal uterine bleeding with secondary infertility and chronic pelvic pain.

Once diagnosed retained fetal bone should be removed surgically with hysteroscope. Hysteroscopy is the gold standard of treatment as it has both diagnostic and therapeutic value. Not only to ensure safety and reduce complication but also timely detection and complete removal under vision guarantees the effectiveness of surgical treatment. Office hysteroscopy can also be used to visualise the uterine cavity.

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