

# Hysteroscopic management of a juvenile cystic adenomyosis

**Taner A Usta<sup>1</sup>, Tolga Karacan<sup>2</sup>, Ulviye Hanlı<sup>2</sup>, Elif Cansu<sup>2</sup>  
and Engin Oral<sup>1</sup>**

Journal of Endometriosis and  
Pelvic Pain Disorders  
2018, Vol. 10(2) 123  
© The Author(s) 2018  
Reprints and permissions:  
[sagepub.co.uk/journalsPermissions.nav](http://sagepub.co.uk/journalsPermissions.nav)  
DOI: 10.1177/2284026518778793  
[journals.sagepub.com/home/pev](http://journals.sagepub.com/home/pev)  


## Abstract

**Introduction:** Hysteroscopic management of juvenile cystic adenomyosis on a virgin patient with non-touch technique.

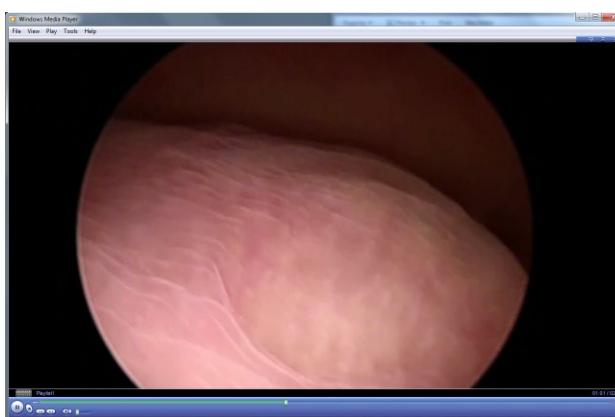
**Description:** Juvenile cystic adenomyosis of uterus is a cyst which is surrounded by myometrium and inside of this cyst is filled with hemorrhagic fluid. A 23-year-old virgin patient admitted to endometriosis outpatient clinic. The patient complained of dysmenorrhea, chronic pelvic pain, and abnormal uterine bleeding. A submucosal adenomyotic cyst was, sized 40 mm approximately, determined at posterior wall of uterus by transrectal ultrasonography. She received daily 2 mg dienogest (Visanne®) for 6 months. At the end of 6 months of treatment, the cyst size was still 35 mm. Hysteroscopy was performed with the use of the non-touch technique (vaginoscopic approach). A rigid 2.9-mm hysteroscope with a 12° oblique lens and an outer sheath diameter of 4 mm was used. When the cystic wall was ruptured by bipolar instrument, a chocolate-colored fluid was drained. The operation lasted 10 min. Her postoperative course was uncomplicated. Postoperatively, two dose of leuprorelin acetate 11.25 mg (Lucrin depot®—3M; Abbot, Istanbul, Turkey) was prescribed (6 months total). On her sixth month, there was no cyst on transrectal ultrasonography examination. The patient did not exhibit any symptoms.

**Conclusions:** Because the disease affects adolescent girls, fertility issues should be kept in mind during the workup and when operating on these patients. Hysteroscopy is a mini-invasive, safe, and effective option for the treatment of juvenile cystic adenomyosis.

## Keywords

Juvenile cystic adenomyosis, cystic adenomyosis, hysteroscopy

Date received: 24 December 2017; accepted: 15 April 2018



## Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

## Declaration of conflicting interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

<sup>1</sup>Department of Obstetrics and Gynecology, Acıbadem University, Altunizade Hospital, Istanbul, Turkey

<sup>2</sup>Department of Obstetrics and Gynecology, University of Health Sciences, Bagcilar Training and Research Hospital, Istanbul, Turkey

## Corresponding author:

Tolga Karacan, Department of Obstetrics and Gynecology, University of Health Sciences, Bagcilar Training and Research Hospital, Merkez Mah. Mimar Sinan Cad. 6. Sokak, Bagcilar, Istanbul 34100, Turkey.  
Email: tolgakaracan84@gmail.com