


Hysteroscopic management of a juvenile cystic adenomyosis

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Abstract

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

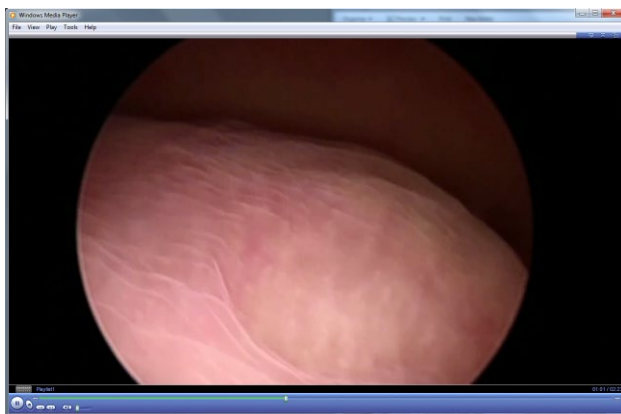
Description: Juvenile cystic adenomyosis of uterus is a cyst which is surrounded by myometrium and inside of this cyst is filled with hemorrhagic fluid. A 23-year-old virgin patient admitted to endometriosis outpatient clinic. The patient complained of dysmenorrhea, chronic pelvic pain, and abnormal 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 leuprolide 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

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