

Hysteroscopic myometrial false route – a false case of endometrial cancer

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Introduction: Cervical canal stenosis may be a cause of hysteroscopy failure. Trying to overcome this stenosis may lead to false routes in the myometrium or a total uterine perforation. Post-menopausal women are at higher risk of hysteroscopy failure related to cervical canal stenosis due to lack of oestrogen and atrophy.

We report a case of hysteroscopy failure in a post-menopausal woman, leading to an imaging pitfall and a false suspicion of endometrial cancer.

Case Report: A 65 year-old asymptomatic woman was submitted to a hysteroscopy after a sonographic suspicion of an endometrial polyp. The procedure was inconclusive due to cervical stenosis and a pelvic MRI was then performed (Figure 1). A presumptive diagnosis of an advanced neoplastic endometrial lesion was placed and the patient was referred to our hospital.

A gynaecologic ultrasound was done and was normal.

A second diagnostic hysteroscopy was performed with successful entrance in the uterine cavity and an atrophic endometrium was visualized. A second MRI was then performed (Figure 2).

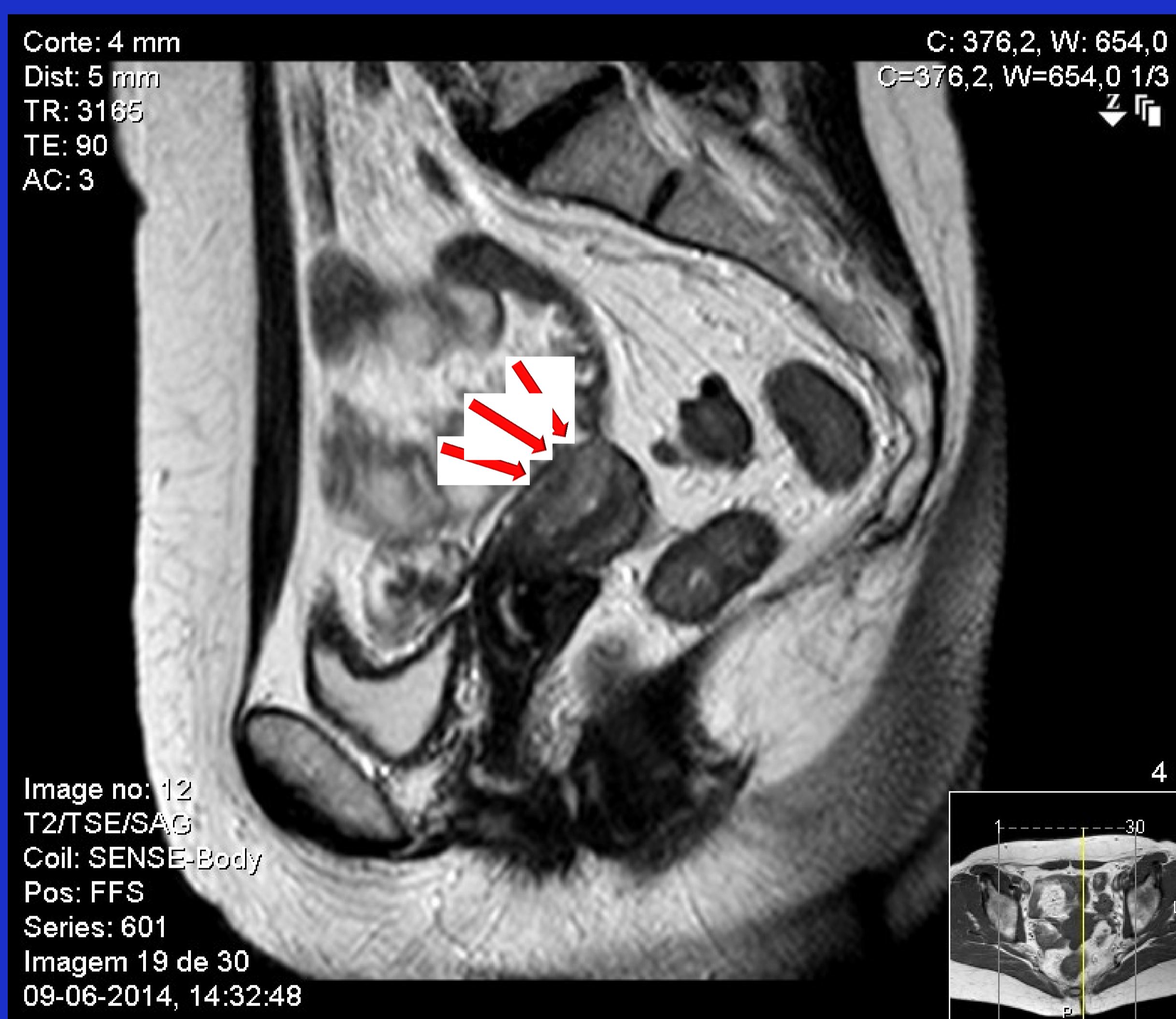


Figure 1 – Pelvic MRI in a sagittal plan presenting a high signal intensity endometrial lesion extending to the external half of the fundal anterior wall of the myometrium.

8 weeks
later...

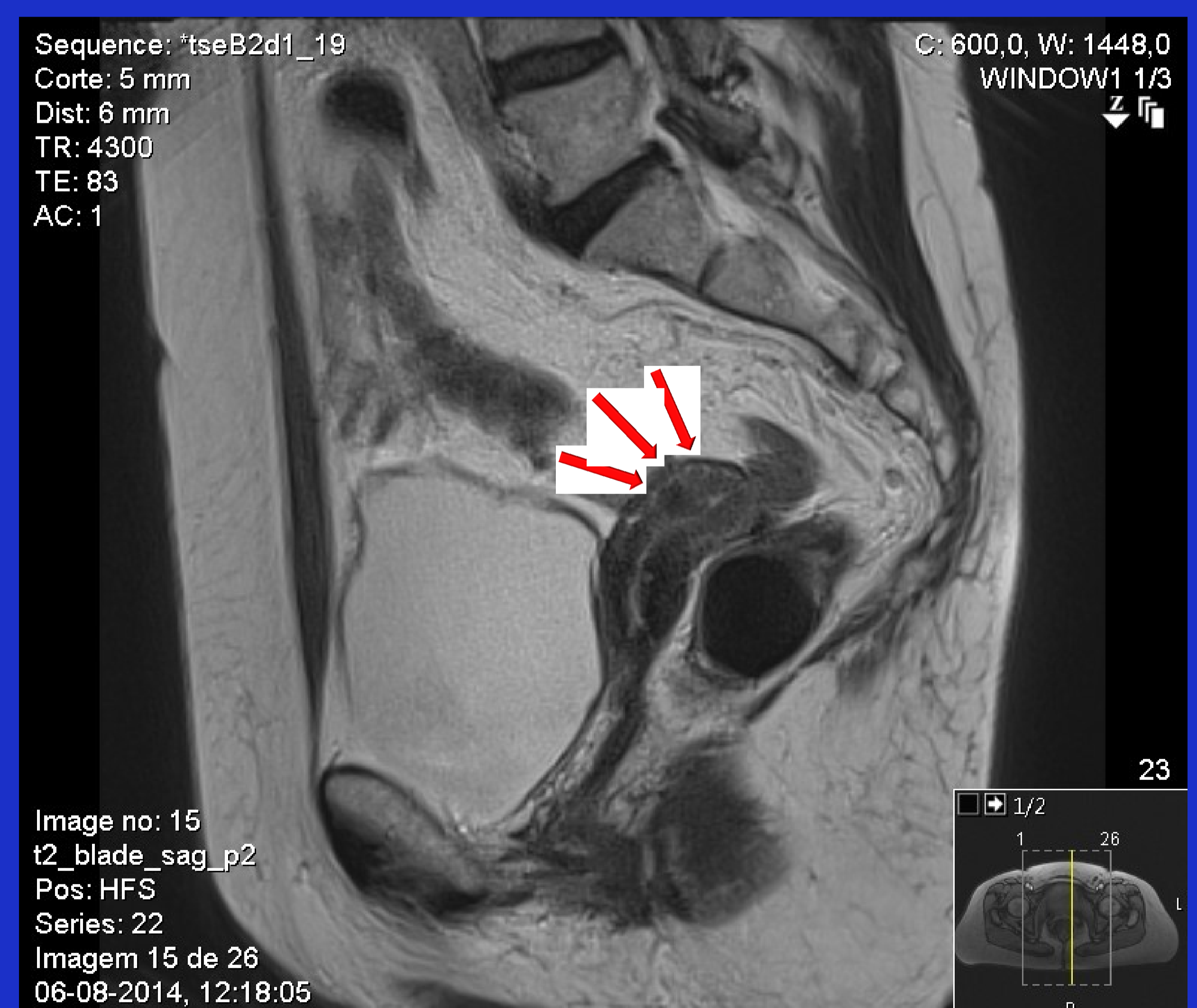


Figure 2 – Pelvic MRI in a sagittal plan showing a total regression of the first MRI findings.

Conclusions: A false route in the myometrium is a hysteroscopic complication usually considered solved by interruption and postponement of the procedure. However, the possible inflammation caused by the myometrium disturbance may have consequences. In our case, it led to an imaging pitfall and therefore caution is recommended in interpreting radiological images after a false route.