

Complete cervical stenosis resulting hematometra following cold knife conization for CIN III: A case report

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Abstract

Among the several recognized complications of cervical conization for pre-invasive carcinoma of cervix, stenosis is the one. We have encountered a case of cervical stenosis in a 38 years old multiparous lady, who had presented with spotting and severe dysmenorrhoea after conization for cervical intraepithelial neoplasia (CIN) III, which is reported here with.

Key words: cervical intraepithelial neoplasia (CIN) III, cervical conization, cervical stenosis, hematometra

Introduction

Cervical intraepithelial neoplasia (CIN) is an established precursor of invasive cervical cancer which does not always need radical surgery (hysterectomy). Excision procedures such as cold knife, electro diathermy or laser conization of the cervix are major surgical modalities of CIN though it is not practiced frequently in Nepal due to many reasons. Traditional cold knife conization has been used successfully for generations to excise the lesion extending into the endocervical canal. Although Laser conization and LEEP has been replacing cold knife conization because of their advantages over it, it is still the time-honored technique, which continues to be used in most part of developing countries, although not without complications as is described in this case.

Case report

A 38 years old lady, P₂₊₀ was admitted in the department of Obs/Gyn on 2nd March 2006 (18/11/ 062) with the complaint of lower abdominal pain for seven days which had increased in intensity for the last three days, such that none of the analgesics taken could relieve this unbearable pain.

She had undergone cold knife cervical conization (Fig 1) for CIN III which was picked up by cervical cytology and confirmed by colposcopy directed biopsy one year back on 23rd Feb 2005 (11/11/061) in our setup. Following conization there was amenorrhoea of 2 months but Transvaginal sonography (TVS) then revealed normal pelvic findings. On the third month of conization, the cervical cytology revealed a disease free condition. Subsequently she had regular periods but the flow decreased in amount in the successive menstrual cycles but with the increasing dysmenorrhoea. In the last 2 cycles prior to the admission, (11 months of conization) there was decreased menstrual flow (spotting) and severe dysmenorrhoea, which she self medicated with the intake of analgesics; the next menstruation; judged was without any



Figure 1 cervical conization

spotting; accompanied by severe abdominal pain, ? premenstrual pain; not relieved with analgesics, seeking hospitalization. Her bladder and bowel habits were unchanged. On pelvic examination, ballooning up of lower uterine part was identified; a small puckered dimple was seen in the junction between the posterior vaginal wall and the ballooned up lower uterine part. TVS showed fluid filled ballooned up lower part of uterus whereas the upper uterine part looked normal, with small amount of fluid collection in the cavity (Fig 2).

With the diagnosis of hematometra due to cervical stenosis following cervical conization, dilatation and drainage was

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attempted. The dilatation could not be done simply by dilators due to dense fibrosis and was initiated by making an incision with 16 gauze needle in the puckered area. This allowed visualization of the cervical os which was successively dilated



up to 12 Hegar. About 70 ml of thick chocolate fluid was drained (Fig 3). Two days after the dilatation and drainage TVS was repeated which showed the disappearance of the lower ballooned up area (cervicometra) hence she was discharged.

It is well understood from this case, how necessary counseling is, with regards to the type of menstruation, that one certainly would be enabled to make early detection of cervical stenosis and its consequences postoperatively.

Regular follow up for repeat cervical smear at three monthly intervals is also equally mandatory.

Conclusion

Following conization, the possible complication of cervical stenosis and hematometra must be born in mind that could express as decreased menstrual flow (spotting) and increasing dysmenorrhoea.

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