

Endovascular Management of Symptomatic Hypervascular Endometrial Polyposis in a Virgin Patient

Abstract

We report a case of uterine artery embolization (UAE) of endometrial polyposis in a 42-year-old virgin female who had a 10-year history of menorrhagia resulting in with chronic anemia. Endometrial polyps resolved and patient's symptoms improved with no recurrence at 18-month follow-up pelvic magnetic resonance imaging. This case presents UAE as an alternative option for the management of endometrial polyps in patients who decline surgical or hysteroscopic options.

Keywords: *Hypervascular uterine polyps, hysteroscopic resection, intermenstrual bleeding, uterine artery embolization*

Introduction

Uterine artery embolization (UAE) is a minimally invasive technique for the management of symptomatic uterine fibroids, adenomyosis, and postpartum hemorrhage.^[1,2]

Preserving virginity is of utmost importance in the Muslim and Saudi Arabian cultures.

We report a case of UAE to treat endometrial polyps in a virgin patient who preferred to preserve her virginity without obtaining histopathological diagnosis.

Case Report

A 42-year-old female patient presented with menorrhagia and chronic anemia for 10 years. Baseline pelvic magnetic resonance imaging (MRI) showed multiple hypervascular endometrial polyposis of variable sizes up to 11 mm [Figure 1].

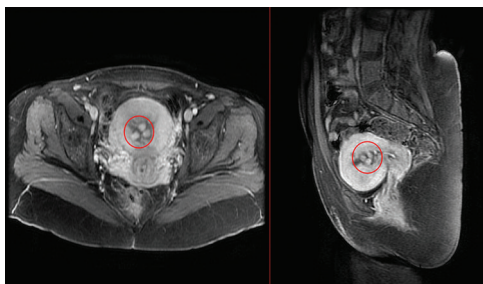


Figure 1: Axial and sagittal pelvic magnetic resonance imaging with gadolinium demonstrating multiple variable-sized hypervascular endometrial polyps

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The patient was offered hysteroscopic resection of endometrial polyps to exclude underlying malignancy. Being virgin, the patient refused to undergo any transvaginal intervention for social reasons and preferred to proceed for a trial of UAE. After securing patient informed consent UAE was performed under local anesthesia using the standard technique with polyvinyl alcohol particles (45–150 μm , Boston Scientific, USA) [Figure 2]. The patient had uneventful recovery with improved symptoms reporting regular painless periods and normal hemoglobin levels. A follow-up pelvic MRI after 7 and 18 months showed complete atrophy of endometrial polyps [Figure 3].

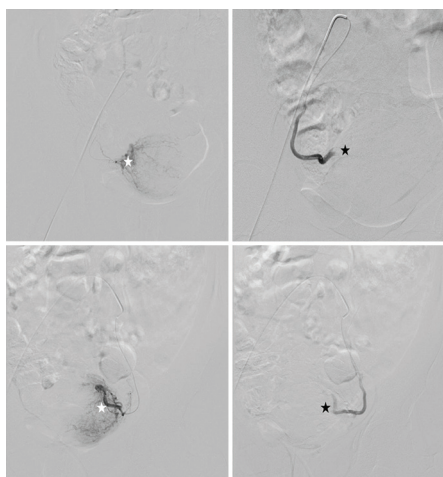


Figure 2: Angiogram of right uterine artery preembolization (1) and postembolization (2) and left uterine artery preembolization (3) and postembolization (4)

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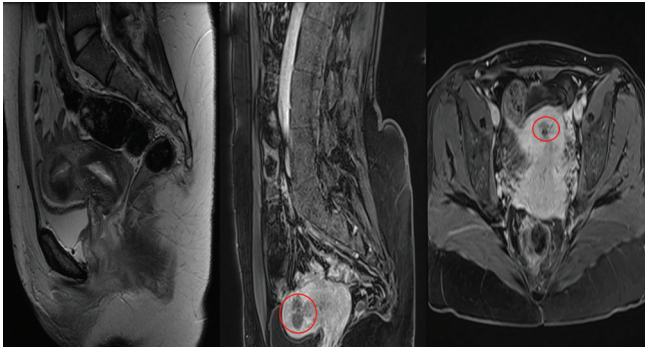


Figure 3: Enhanced pelvic magnetic resonance imaging after 7 and 18 months of uterine artery embolization showing complete avascular atrophy of endometrial polyps

Discussion

The prevalence of endometrial polyps in women with abnormal bleeding is 10%–40%, and the malignant changes can be found in 3% rendering histopathological examination a necessary step to exclude malignancy. Conventional management of patients with endometrial polyps includes hormonal treatment for symptoms control, simple polypectomy, and more invasive surgical procedures.^[1,2]

In Muslim and Saudi Arabian culture, disrupting virginity before marriage time is religiously and socially unacceptable without legal and medical justifications. Accordingly, female patients with such uterine problems usually refuse to undergo conventional surgical treatment, transvaginally, such as the present case.

While this case was successfully managed by UAE with no recurrence on mid-term follow-up, we still highlight the importance of obtaining histopathological examinations of polyps before any treatment to excluded malignancy. Embolization should not be offered as a standard treatment of polyposis, to avoid delaying diagnosis of malignancy.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Nil.

Conflicts of interest

There are no conflicts of interest.

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