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Case Report

Hysteroscopy- endometrial vascular dystrophy: misnomer

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ABSTRACT

Endometrial vascular dystrophy is a name given to the typical appearance of endometrium on hysteroscopy where in dilated, tortuous, black, worm like capillaries are seen on the endometrial surface. This is a case of a 17-year-old girl who presented with menorrhagia. Pelvic Scan showed endometrial polyp. On hysteroscopy the typical picture of endometrial vascular dystrophy was seen. Though it has been thought to be due to thrombosed capillaries, not much literature is available on this topic. More study is required to understand the cause behind this phenomenon.

Keywords: Hysteroscopy, Endometrial Vascular dystrophy, Tortuous glands, Endometrium

INTRODUCTION

Endometrial vascular dystrophy has been described by Hamou as abnormal vessels that are very tortuous and dilated and sometimes thrombosed.[1,2] The condition is usually described during the secretory phase of endometrium or in women undergoing treatment with progestogens.[3] Pall et al has reported complete regression of the lesion on follow up. It has also been associated with Osler- Rendu- Weber syndrome.[4] The most common cause of menorrhagia in adolescent age group is anovulatory dysfunctional uterine bleeding. Endometrial polyps are a very rare finding in this age group with incidence increasing in more then 40 years of age.

In this article we present a case of adolescent menorrhagia with a finding of endometrial vascular dystrophy and endometrial polyp on hysteroscopy.

CASE REPORT

A 17-year-old adolescent female presented with chief complaints of bleeding per vaginum since one month. Her menarche was at 13 years of age. Her previous cycles were irregular, once in 40 to 45 days with 7 to 8 days of bleeding each cycle, associated with mild pain.

Figure 1: Multiple, dilated, tortuous tubular formations filled with brownish material.

She had been treated with oral contraceptive pills in the past following which she opted for homeopathic treatment

for past 6 months. She had no other significant medical or family history. There was no history of sexual exposure. On examination she had severe pallor. Abdomen was soft. Her investigations revealed a Hb of 5 gm%. Other blood parameters including coagulation and Thyroid profile were normal. 2 units of PRBC were transfused. Bleeding was controlled with tranexemic acid and Oral Norethisterone tablets.

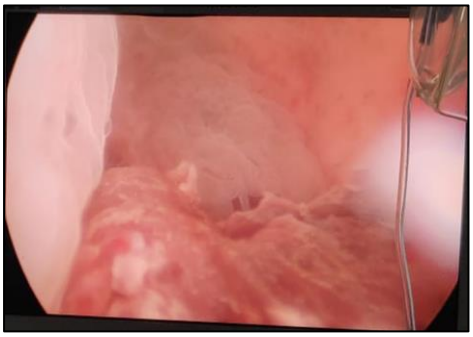

Figure 2: Endometrial polyp of size 2×2 cms seen on posterior surface of the uterus.

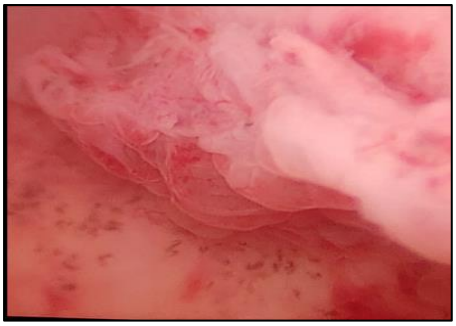

Figure 3: Thick, fluffy, endometrium on lateral walls.

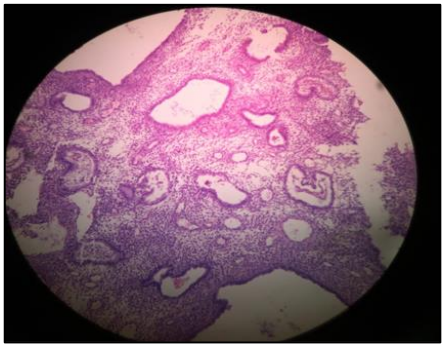

Figure 4: Histopathology showing polypoidal endometrial fragments with dilated cystic glands lined with low secretory lining.

Pelvic scan showed an intrauterine cystic structure measuring 2.5 cm with echogenic rim within the endometrial cavity. A 10-12 mm echogenic focus with no internal color flow was also seen. Bilateral ovaries were enlarged with features of polycystic ovarian disease.

A diagnostic hysteroscopy was done. The hysteroscopic picture showed multiple dilated, tortuous, tubular formations filled with brownish material present on the fundus and lateral walls of the endometrial cavity (Figure 1). There was 2×2 cm polypoidal structure, on the posterior wall of the endometrium, which was removed (Figure 2). On the lateral walls the endometrium was thick, fluffy and polypoidal giving a picture of grape like vesicles (Figure 3). Endometrial biopsy was taken.

Histopathology revealed polypoidal endometrial fragments. Glands were dilated, tortuous and many were cystic. They were lined with low secretory lining. Stoma was abundant and showed pseudodecidual change (Figure 4).

DISCUSSION

There is a limited literature on the supposed endometrial vascular dystrophy. On searching we found photos of hysteroscopies on whose description all authors agree. Surprisingly the histopathology revealed that these are not vascular abnormalities but secretory glands (hence the tortuousity).

Fernando et al stated that these glands are filled with retained blood (hence the brownish colour) as demonstrated by several stains including hematoxylin and eosin.[5] The glands are filled with PAS positive mucopolysaccharides; specific red cell stains (glycophorin A) demonstrated that there are red cells inside the glands. However, it is difficult to explain how the red cells enter the lumen of the gland as the blood vessels are normal with no hemorrhaging observed in the stroma in hysteroscopy or in histology. The glands are also normal with normal basement membrane.

CONCLUSION

The term endometrial vascular dystrophy is a misnomer. It is most likely a normal variant of the secretory endometrium. As the findings have been seen to revert back to normal on subsequent hysteroscopy. We do not understand how blood reaches the inside of the glands. More studies are required to continue to investigate this phenomenon. Endometrial polyps though rare in adolescent age group should be kept in mind while evaluating a patient with menorrhagia in this age group.

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