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Report of a rare pathology: Endometrial bone metaplasia

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ABSTRACT

Endometrial bone metaplasia is a pathological condition characterized by the formation of mature or immature bone within the uterine cavity, which can cause symptoms that may be confused with other disorders. The classic clinical picture ranges from asymptomatic patients to menorrhagia, pelvic pain, dysmenorrhea, leucorrhoea and infertility.

Keywords: Pathology, Endometrial bone metaplasia, Women's health.

INTRODUCTION

Endometrial bone metaplasia is a pathological condition characterized by the formation of mature or immature bone within the uterine cavity, which can cause symptoms that may be confused with other disorders. The classic clinical picture ranges from asymptomatic patients to menorrhagia, pelvic pain, dysmenorrhea, leucorrhoea and infertility. (1.4)

This is a rare pathology, usually found in women of reproductive age between 20 and 40 years, and with controversial etiologies, and is usually underdiagnosed in Brazil. Since its incidence is very low, the cases should be very well analyzed and discussed in order to increase the efficacy of the prognosis and management of this alteration, when diagnosed. (2,5)

CLINICAL CASE

F.V, female, white, married, 42 years old, born and coming from Passo Fundo-RS, menarche at the age of 11, three pregnancies, two births and one miscarriage in the last pregnancy 4 years ago. Because she did not present significant signs and symptoms, she was not advised to undergo curettage. She sought private medical attention with a report of bleeding for more than 20 days and pelvic pain.

A transvaginal ultrasound was requested, which was completed by calcifications and multiple cysts (larger than 1.8 cm) in the uterus; calcifications in the posterior leaflet of the endometrium; cervix without

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abnormalities. Thus, she was advised to undergo hysterectomy with preservation of the ovaries because she did not have menopause so far, avoiding unnecessary hormone replacement.

The specimen was sent for histopathological analysis, concluding proliferative endometrium/adenomyosis with cystification area in the uterine fundus and mild chronic cervicitis/Naboth's cysts in the uterine cervix. No calcifications or neoplasms were found in external areas. Such data are suggestive of the absence of cancer and confirmation of bone metaplasia. (3)

DISCUSSION

Commonly, before manifesting this complication, patients are preceded by infections, menstrual changes, pelvic pain, infertility and previous pregnancies that resulted in miscarriage. (1) In the report presented here, this characteristic is noteworthy, since the patient has a history of abortion without curettage.

Over time, these fetal remains are enveloped by the body as a form of reaction to a foreign body in the uterus (reactional endometritis).

The way to diagnose is by pelvic ultrasound, hysteroscopy and biopsy. (2) The most common treatment is hysteroscopic removal of the fragments or uterine curettage. If there are no signs of infection, this will be enough to improve the patient. (1) It is essential to differentiate between bone metaplasia in the endometrium and other similar entities by means of imaging and laboratory tests, since this pathology affects only 0.15% of women. (3)

CONCLUSION

This study demonstrates that a patient's history of miscarriage can result in calcifications in the uterus and posterior endometrial leaflet, which may be waste from the fetus. Thus, it is suggested that this is the responsible cause of bone metaplasia.

In addition, the clinical picture and will of each patient with endometrial bone metaplasia should always be explored individually, so that invasive decisions are not made. In addition, histopathological examination should always be performed, thus ensuring a good diagnosis, management, and prognosis of the patient.

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