



Clinical images

Remnant of rubber tip cover of uterine manipulator after laparoscopic myomectomy

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A false passage was accidentally created in the anterior uterine wall during hysteroscopy. We report a rare case of a false passage created by uterine manipulator during laparoscopic myomectomy.

A 34-year-old woman (gravida 0, para 0) sought medical advice for hypermenorrhea and anemia with a hemoglobin level of 7.3 g/dL. After the anemia was corrected, she underwent laparoscopic myomectomy with a diagnosis of submucosal myoma (6 cm). A uterine manipulator was inserted into the uterine cavity for effective control of the position of the uterus. The operation proceeded uneventfully until the removal of the uterine manipulator.

We could not pull out the manipulator before the end of the operation. We suspected that we sutured the tip of the manipulator to the normal uterine cavity, and forcibly pulled it out. As a result, there was a defect in the rubber tip cover. We performed hysteroscopy (3.1 mm flexible) immediately and could recognize a remnant (Fig. 1). We tried to remove it; however, we could not detect it in the cavity of the uterus despite efforts after cervical dilation. An abdominal computed tomography scan, performed 2 days after the operation, revealed the remnant of the rubber tip.

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At this time, we raised the possibility that a false passage was created by the uterine manipulator during laparoscopic myomectomy. One month later, we tried hysteroscopic retrieval again. Cervical priming was performed with a piece of laminaria tent. Without using a Hegar dilator, we successfully eliminated the remnant in the false passage (Fig. 2).

The false passage was immediately recognized by the characteristic appearance of the circular myometrial fibers and non-visualization of any endometrial gland opening.¹ By contrast, in this case, we could not consider this complication during operation possibly because the remnant was in the uterine cavity. Intensive hysteroscopic examination could provide ground for a precise

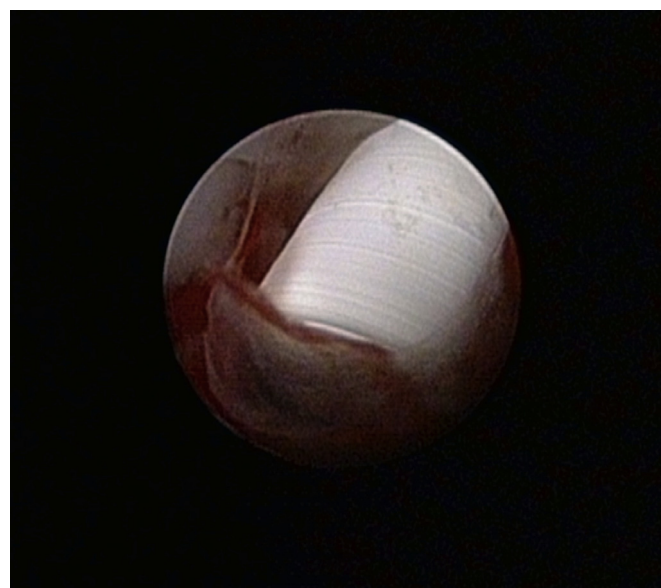


Fig. 1. Residual foreign body in the false passage that appeared in the circular myometrial fibers.

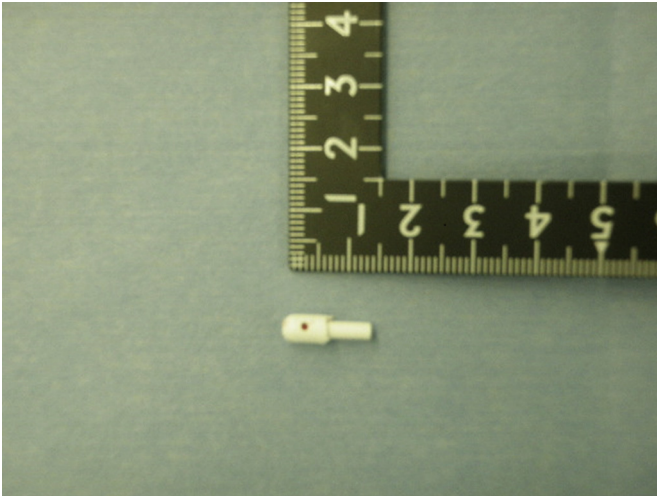


Fig. 2. Retrieved rubber tip cover of uterine manipulator.

diagnosis that facilitates optimal management of the patient. To the best of our knowledge, this is the first case of false passage in laparoscopic myomectomy. In this case, we considered that a false passage was accidentally created by a uterine manipulator. The lesson we learned was to confirm the mobility of uterine manipulator immediately after deep laparoscopic suturing.

References

1. Kumar A. A false passage created during hysteroscopy. *J Minim Invasive Gynecol.* 2007;14:143.