2025 APAGE Annual Congress YAG Video Abstract

Authors: Dr. Mary Carmel O. Yu; Dr. Adonis A. Blateria

Affiliation of authors: Vicente Sotto Memorial Medical Center - Chong Hua Hospital Consortium

Corresponding author name: Mary Carmel Yu

Title: IATROGENIC UTERINE PERFORATION WITH INTRA-ENDOMETRIAL BOWEL ENTRAPMENT MANAGED THROUGH MINIMALLY INVASIVE SURGERY: AN INTERESTING CASE

Aims and Objectives: This case report will discuss on a postpartum curettage uterine perforation with small bowel herniation that presents with an indolent and chronic course of more than a year. Its unique progression highlights a unique mechanism of small bowel herniation into the endometrial cavity. The surgical approach done emphasizes the role of minimally invasive surgery in the management of multi-organ complications.

Settings and Design: Setting: Vicente Sotto Memorial Medical Center. Design: Case Report

Materials, setting and methods: not applicable

Results: Dilatation and Curettage (D&C) has long been a widely accepted approach in the management of obstetric hemorrhage due to its convenience, safety, and efficiency. Although routinely performed, it still harbors potentially life-threating complications such as those involving organs other than the reproductive system. Uterine perforation is one of those complications and it may or may not involve adjacent organs such as the bowels.

This is a case of a 35-year-old Gravida 5 Para 5 (5005) who underwent curettage for retained placental fragments after delivering her fifth child. Within 16 months postpartum, patient had non-specific occasional abdominal pain and oligomenorrhea. Imaging studies revealed a uterine defect with a bowel segment passing through. There were no signs of bowel obstruction nor heavy menstrual bleeding. Referral to a tertiary level hospital was made. In an attempt to manage the case conservatively with hysteroscopic enterolysis and uterine repair, hysteroscopy was initially attempted however an obliterated cervical canal was encountered. The herniated bowel loop was found to entirely occupy and be adherent to the endometrial cavity. Hysteroscopy was abandoned and a laparoscopic route was undertaken. Laparoscopy revealed an entire 10cm ileal segment that completely herniated into a 2.5 cm uterine defect at the posterior uterine wall. Laparoscopic enterolysis followed by hysterectomy, and extracorporeal resection and anastomosis of the involved ileal segment was performed.

Conclusion: This is an uncommon case of an iatrogenic uterine perforation following curettage after a term pregnancy. Its unique clinical presentation with an indolent symptomatology and course can be explained by its unique intra-operative findings leading to a minimally invasive surgical approach. This case further amplifies the potential of minimally invasive techniques in the management of complex obstetrical and gynecological complications.

Keywords: uterine perforation, dilatation and curettage – adverse effects, minimally invasive surgical procedures