

# Intramymetrial Endometriotic Cyst Presenting as Dysmenorrhea and Menorrhagia

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## Dear Editor,

Endometriosis is the presence of ectopic endometrial tissue that responds to hormonal stimulation. Few cases of intramymetrial endometriotic cysts have been currently reported in literature, with or without microscopic description.<sup>1</sup> It is found in 8-15% of all menstruating women. Most cases are pelvic endometriosis presenting to gynecologists.<sup>2</sup> Adenomyosis is a non-neoplastic gynecologic disease characterized by the presence of ectopic endometrium within the myometrium.<sup>3</sup> It usually affects peri-menopausal women. Histologically this condition is characterized by the presence of endometrial glands and stroma within the myometrium. Cystic adenomyosis is an extremely rare condition.<sup>4</sup>

A 30 years old lady, para two with two living issues with previous two vaginal deliveries, last one being ten years ago came to the outpatient department for evaluation of severe dysmenorrhea and menorrhagia since one year. There was no history of any infertility in the past or any surgical procedure carried out for any reason and she was attending gynae outpatient department for the past one year with the diagnosis of dysfunctional uterine bleeding. She had been taking tranexemic acid and mefenamic acid for symptomatic relief and had taken oral contraceptives for three cycles.

Previous six months record revealed an enlarged 10 weeks size uterus with a hypoechoic round shadow about 3.2x3.4 centimeters more towards the left side in the fundus of uterus on ultrasonography. Her Hb was 10g/dl; TLC 13,550 and CA-125 level 76.5U/ml. Magnetic resonance

imaging demonstrated a well circumscribed cystic mass with multicystic low intensity areas, contiguous with the left side of the uterus. The cystic space appeared filled with hyperintense fluid on T1-weighted images, which was surrounded by hypointense tissue on T2-weighted images.

An endometrial curettage showed normal secretory endometrium and a cervical smear was negative for tumor cells. Two weeks later an abdominal hysterectomy was performed. The uterus had a total weight of 170 grams. A protruding nodule about 6cm in diameter which contained a cyst about 5.5 centimetres in diameter was found intraoperatively at the fundus. The cystic cavity did not communicate with the endometrial cavity and was separated from the later by a myometrial septum about one centimeter in thickness. The cervix presented nothing remarkable. On histological examination a huge cyst about 5.5 centimeters sized composed of single layered, ciliated, cuboidal epithelia consisting of basalis type of endometrial epithelial cells and focal endometrial stroma in the cyst wall surrounded by diffusely thickened myometrium was detected.

Intramymetrial cyst excluding cystic degeneration of leiomyoma is rare.<sup>5</sup> The differential diagnosis of cystic uterine tumors includes fibroids showing cystic degeneration, cystic adenomyomas, congenital cysts, and developmental anomalies. To our knowledge, there has been only one report describing intramymetrial endometriotic cysts similarly showing unique features, as shown in the current case, both with cystic changes and exophytic polypoid growth. In the present case,

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preoperative diagnosis was a uterine fibroid. Similar uterine adenomyoma preoperatively diagnosed as ovarian tumour has been reported.<sup>6</sup> Distinction of cystic endometrioma within myometrium from ovarian cancer may have significant therapeutic implications. Hysterosalpingography has been useful in a preoperative diagnosis of uterine masses. Hysterosalpingography also provides information regarding the location of the tumour and the relationship to the endometrial cavity and the fallopian tubes.

## REFERENCES

1. Kim NR, Cho HY, Ha SY. Intramyometrial uterine cyst with special reference to ultrastructural changes. *J Obstet Gynaecol Res.* 2011; 37:259-63.
2. Yuen JSP, Chow PKH, Koong HN. Unusual sites of endometriosis. *J R Coll Surg Edinb.* 2001 Oct;46:313-5.
3. Takeuchi M, Matsuzaki K. Adenomyosis: usual and unusual imaging manifestations. *RadioGraphics.* 2011 Jan;31:99-115.
4. Sakai Y, Matsukama S. Large cystic uterine adenomyoma showing marked epithelial metaplasia and exophytic polypoid growth. *Arch Gynecol Obstet.* 2003;269:74-6.
5. Protopapas A, Milingos S, Markaki S. Cystic uterine tumors. *Gynecol Obstet Invest.* 2008;65:275-80.
6. Jung XY, Shin BK, Kim I. Uterine adenomyoma with uterus like features: a case report of two cases. *Int J Surg Pathol.* 2005;10:163-6.