

Incomplete Uterine Rupture with Amniocele Following Endometrial Ablation: A Case Report

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Background/Synopsis

Endometrial ablation for abnormal uterine bleeding is a minimally invasive technique that more women are considering as an option. However, these women need to be extensively counselled about the significant risks should they subsequently become pregnant. While a recently published literature review identified 274 pregnancies after endometrial ablation, this is the first case of an amniocele as a complication.

Objective/Purpose

To report the first amniocele occurring after endometrial ablation.

Method

Case report

Results

Endometrial ablation offers a minimally invasive approach to treat abnormal uterine bleeding and is designed for premenopausal or perimenopausal women who no longer desire fertility. Reported rates of subsequent pregnancies range from 0.24% to 5.2%. A 40-year-old woman with history of endometrial ablation for abnormal uterine bleeding and a spontaneous subsequent pregnancy presented for prenatal care. She had a history of three full-term vaginal deliveries, one dilation and curettage, a gastric sleeve procedure and chronic hypertension. Her first three ultrasounds appeared normal. At 26 0/7 weeks, a cystic area with low-level echoes within the uterine wall measuring 3.4 cm x 2.9 cm x 3.4 cm with thin septation adjacent to amniotic sac was seen. On MRI, a defect in the anterior inferior uterine myometrium, with herniation of the amniotic sac still covered by uterine serosa, was found. At 34 1/7 weeks of gestation, an emergency cesarean delivery was performed, and a viable female infant was delivered. An incomplete uterine rupture and amniocele were noted at cesarean delivery. The placenta appeared abnormally adherent, but with fundal massage it resolved and delivered spontaneously. The uterus was repaired, and a bilateral tubal ligation done. The patient tolerated the surgery well and there were no post-partum complications.

Conclusions

Complications from pregnancy following endometrial ablation include morbidly adherent placentation, complete or incomplete uterine rupture, and maternal and neonatal mortality. Relevant to this case, an English language literature search for uterine rupture after endometrial ablation yielded only 7 case reports, none of which mentioned a resulting amniocele. Because approximately 10%-30% of women are affected by abnormal uterine bleeding, the number of women who are candidates for endometrial ablation is not insubstantial. Thus, it is imperative that patients are adequately counseled on the possibility of pregnancy after endometrial ablation and the serious complications that any subsequent pregnancy presents, emphasizing the need for continued effective contraception through menopause.