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Was that a Bedside Hysterectomy in the Emergency Department?

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Introduction

Abnormal non-pregnant uterine bleeding is a common gynecological complaint encountered in the emergency department. Emergency physicians must be able to differentiate life threatening bleeding from non-life threatening bleeding. The differential diagnosis can include endometriosis, sexually transmitted disease, fibroids.¹The differential becomes even more narrow when your exam shows an expelled uterus shaped mass.

Uterine or decidual casts are a rare clinical finding, and diagnosis. The decidua forms because of the effect of progesterone on the lining of the uterus. The uterine cast forms when the entire lining is sloughed off at once. These have been reported as a side effect of human menopausal gonadotrophin, human chorionic gonadotrophin, and progestogens³.

Case Presentation

56 year old obese female with history of diabetes mellitus, endometrial hyperplasia, factor V leiden, lower extremity lymphedema who presents to Emergency Department with vaginal bleeding with associated lower abdominal pain that started tonight. She described the abdominal pain as an intermittent achy sensation. Pt is bedridden, and was uncertain of source of the bleeding. Tonight, she was in bed, and states that her daughter in law was bathing her and noted a large amount of bright red vaginal bleeding.

Pt reports hx of endometrial hyperplasia dx in 2017. Pt has been on Megace (megestrol acetate) for years. She states that she is post menopausal and has not had a menstrual period in years. No previous gynecological surgeries.

Physical Exam

Vital Signs showed blood pressure 148/78, heart rate 77, Temperature 36.7, respiratory rate 18, Weight 213kg, BMI 85.

Her abdominal exam was non tender throughout. Pt noted to be obese. A pelvic exam was performed. Pt noted to have a foley catheter in place with clear-yellow urine. There was bleeding noted in the vaginal canal. A large 12 cm bloody tissue was found partially in the vaginal canal that was removed. See Figure 1.

Photos



Figure 1.

Results

Complete Blood Cell count	
WBC	12.2
HGB	15.7
HCT	45
PLT	300

Coagulation Profile	
PT	13.2
INR	0.91
PTT	28

Urinalysis	
color	yellow
Specific gravity	1.012
pH	5.0
Protein	30
Blood	None
Nitrite	Negative
Leukocyte Esterase	Negative
RBC	1
WBC	5
Bacteria	Rare

Urine Pregnancy	Negative
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Pathology report: Uterine cast consistent with marked progestin effect. No evidence of malignancy

Interventions:

Patient was given Morphine for pain control. OB/GYN was consulted and agreed with the diagnosis of uterine cast. Vaginal bleeding had subsided after removal of the uterine cast. The patient was continued on Megace for her hyperplasia.

Discussion

The identification of a uterine cast may be difficult as it is not well known and not commonly seen in the Emergency Department. As seen in the figure, the cast resembles an uterus and can be alarming when first visualized. The diagnosis of uterine cast in the patient was suspected based on her past medical history. The formation of the uterine cast in this patient maybe due to a combination of her past medical history of endometrial hyperplasia and current treatment with megestrol acetate. The diagnosis was confirmed by pathology.

In premenopausal women, uterine casts have a known association with ectopic pregnancies. This is important in the setting of the emergency department as undiagnosed ectopic pregnancies can be life threatening. Women who present with vaginal bleeding, elevated beta- HCG, and passage of a uterine cast, could be mistaken for gestational sac resulting in missed diagnosis of ectopic pregnancy³.

Uterine or decidual casts are a rare clinical finding, and diagnosis that should be considered with abnormal uterine bleeding. They can be non-life threatening in cases where they result from side effect of exogenous hormones but can be potentially life-threatening when presenting in the setting of an ectopic pregnancy.

Sample Bibliography

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3. Strauss L *Fleshy Mass passed vaginally by a young woman*. *Am Fam Physician*. 2018;98(7):449-450