

## Secondary Amenorrhoea and Haematometria Following Emergency Caesarean Section

By

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### SUMMARY

**Objective:** To call attention to a rare cause of curable haematometria and secondary amenorrhoea.

**Case Report:** A 28 year old primiparous patient developed cyclic abdominal pains and secondary amenorrhoea 9 months after an emergency Caesarean section for prolonged obstructed labour.

Examination revealed that the os cervix was covered by a thick avascular membrane with a bluish apex.

Sonography confirmed haematometria.

Incision of the membrane was curative and restored normal menstrual flow.

**Conclusion:** The haematometria and resultant secondary amenorrhoea followed puerperal sepsis.

The causative inflammatory membrane was at the os cervix and, as there were no intrauterine adhesions, incising the membrane was curative.

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**Key Words:** Secondary Amenorrhoea, Haematometria, Caesarean Section

### INTRODUCTION

The long term complication of Caesarean section manifesting as secondary amenorrhoea is mostly caused by Asherman's syndrome<sup>1</sup>; severe intrauterine adhesions and chronic uterine torsion<sup>2</sup>.

Secondary amenorrhoea is a common complaint in our environment<sup>3</sup>.

A case of haematometria and secondary amenorrhoea following emergency Caesarean section is presented to call attention to its occurrence and simple cure.

### CASE REPORT

Anxious looking Mrs. A.N. a 28 year old woman, Para 1<sup>+0</sup> presented with eleven month history of cyclic abdominal pains and secondary amenorrhoea. This followed an emergency Caesarean section for prolonged labour performed by a general practitioner. Post-operatively she had puerperal sepsis. She was treated and thereafter discharged on the 14<sup>th</sup> post-operative day. She had neither dyspareunia nor abnormal vaginal discharge.

She breastfed her baby for 8 months and stopped because she could not combine exclusive breastfeeding with her teaching job. A month after cessation of breast feeding she started noticing cyclic abdominal pains coinciding with the expected time of her monthly periods. She was reassured by her doctor who gave her analgesics and oral contraceptive pills. These did not help her hence she decided to come to the teaching hospital through the general out patient department.

Her menarche was at the age of seventeen. She had a regular 28 day cycle and five days of moderate flow prior to her pregnancy and delivery. Her past medical history and review of systems did not reveal contributory information.

The relevant findings were in the pelvic examination. The vulva and vagina were normal. The external os of the cervix was covered by a thick avascular membrane that was convex downwards. The apex of the convexity was bluish in colour. The uterus was about 10-

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weeks size, mobile, anteverted and non-tender. The uterine adnexia were normal.

A working diagnosis of haematometria was made.

Packed cell volume, urinalysis and hormone profile done were all within normal ranges. Ultrasonography confirmed haematometria (figure 1).



Fig. 1: Somography confirming Haematometria

At day-case surgery, a cruciate incision made on the cervical membrane at the point of bluish discoloration revealed drained altered blood. There was no need for either dilatation and curettage or adhesiolysis. She had an uneventful post-operative period.

At her clinic visit six weeks post-operative, she had regained normal menstrual flow.

## DISCUSSION

Haematometria is a rare complication of Caesarean section<sup>2</sup>. Most haematometria follow cervical stenosis from previous trauma and infection<sup>4</sup>. Congenital haematometria arises from imperforate hymenal membrane at the introitus: it usually present as primary amenorrhoea<sup>5</sup>.

An earlier case of secondary amenorrhoea with severe intrauterine adhesion and chronic uterine torsion following Caesarean section in a teenage girl was reported in the United States of America<sup>2</sup>. The case we are

reporting differ from the American case as our patient had no evidence of intrauterine adhesions and her normal menstrual flow was restored after the membrane was incised.

In the case being reported, sonography helped in the preoperative confirmation of haematometria. A lesson in this case is that proper evaluation of patients with amenorrhoea before treatment is important as in most cases the aetiology can be found<sup>6</sup>.

## CONCLUSION

The haematometria and resultant secondary amenorrhoea followed puerperal sepsis. An organized inflammatory membrane at the os cervix blocked the menstrual flow resulting in haematometria and secondary amenorrhoea. As there were no intrauterine adhesions, incising the membrane was curative.

## REFERENCES

1. Giwa-Osagie OF and Emuveyan EE. Evaluation of secondary amenorrhoea. *Nig. Med. Pract.* 1984; 3: 79 – 83.
2. Badawy SZ, Orbuch L and Khurana KK. Secondary amenorrhoea with severe intrauterine adhesions and chronic torsion after Caesarean section in a teenage girl. *J. Pediatr. Adolesc Gynaecol* 1998 May; 11 (2): 93 – 6.
3. Ozumba BC and Ezegwui HU. Intrauterine adhesions in African population. *Int. J. Obstet Gynaecol* 2002; 77: 37 – 38.
4. Howkins J and Hudson C. Operations on the cervix. In: Shaw's Textbook of Operative Gynaecology. 5<sup>th</sup> edition. Churchill Livingstone, New York 1983: 103.
5. Edmonds DK. Primary amenorrhoea. In: Whitefield CR (ed). *Dewhurst's Textbook of Obstetrics and Gynaecology for Postgraduate.* 5<sup>th</sup> edition. Blackwell Science Ltd, London 1995: 36.
6. Rodney SP. Secondary amenorrhoea. In: Whitefield CR (ed). *Dewhurst's textbook of Obstetrics and Gynaecology for postgraduate.* 5<sup>th</sup> edition. Blackwell Science Ltd, London 1995; 31 – 41.