

## Really, really permanent

### Well into menopause, the patient experienced a complication from a cesarean delivery

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#### Case notes

A 59-year-old woman, gravida 3, para 2, had a 7-month history of metrorrhagia. Her obstetric history included 1 cesarean section and 1 abortion. She was overweight with a body mass index of 28, and she had a 29-year history of psoriatic arthritis, which had been treated with cyclosporine and methotrexate until 2 months before her referral to our hospital for further investigation of her bleeding. Menopause started 9 years earlier.

A routine examination was followed by abdominal and vaginal ultrasonography. Imaging showed hyperechogenic spots in the uterine cavity. Subsequent hysteroscopy highlighted the presence of a tubular blue foreign body that resembled a thread ball (Figure). Progression with an instrument suggested the object had features consistent with a retained permanent suture.

#### Conclusions

Hysteroscopy confirmed that a thread passed many times through the uterine cavity and myometrium at the level of the isthmus. Nonetheless, the cavity had an almost completely normal appearance. Loose synechiae were localized at the isthmus level, consistent with a reaction to the foreign body; the cervical canal was normal.

The suture was removed with hysteroscopic forceps. Retrieval of the thread was difficult, requiring multiple attempts. Two methods were used: either the jaws of the forceps were

FIGURE



Hysteroscopic view of foreign body suggested that thread ball existed at uterine isthmus.

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fully opened and a traction force was applied or after the thread was grasped, the forceps was rotated many times on the axis. Finally, scissors were used to clean up the whole endometrial cavity, although it was not possible to completely remove the thread from the myometrium. Macroscopic analysis of the thread confirmed our first impression during hysteroscopy. Histologic analysis reported atrophic endometrium interwoven with fibrous and myometrial tissues.

The patient recalled that her last pregnancy, 23 years ago, ended with a cesarean section and concomitant profuse bleeding. On that occasion, the surgeon stopped the hemorrhage by taking many stitches in the uterus—probably using nonabsorbable suture thread. The postcesarean period had been uneventful. While it is impossible to identify a specific relationship between the bleeding and the nonabsorbable suture presence, no metrorrhagia occurred in the 12-month follow-up period after removal.