Mucometra: a rare cause of pelvic pain

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Background: A mucometra is the accumulation of mucous within the uterine cavity. A pyometra refers to the collection of purulent fluid in the same location. Pyometras have an incidence of 0.01 -0.5 % in gynaecology patients (1), and there have been a number of published case studies which discuss their occurrence (1,2,3,4). In comparison, the occurrence of a mucometra is extremely rare.

Aims: To discuss a rare cause of pelvic pain.

Case: A 73 year old female presented with a history of suprapubic pelvic pain that was impacting upon her quality of life. A pelvic ultrasound reported a cystic thickened endometrium. There was no history of abnormal uterine bleeding. The woman had two adult children who had been delivered vaginally, and no other significant medical history. A previous attempted hysteroscopy at another hospital had been unsuccessful due to cervical stenosis. At the time of hysteroscopy, the cervix was observed to be completely stenosed, with only a small dimple present at the area of the external os. A size 3 Hegar dilator was carefully used to unblock the cervical os. Upon restoring patency to the cervical os, a large amount of uterine secretions drained out of the uterus. The uterine secretions consisted of thick clear mucous with no signs of infection. The subsequent hysteroscopy showed a thin atrophic endometrium and a small uterine polyp.

Results: Histopathology reported findings of a benign endometrial polyp. At a 6 week post-operative follow up appointment, the women reported that her pelvic pain had completely resolved.

Discussion: The author proposes that stenosis of an atrophic cervix led to the accumulation of mucosal secretions within the endometrial cavity causing pelvic pain. The absence of these secretions led to an increase in vaginal dryness. Should the mucometra develop again, the author speculates that a trial of topical oestrogen may be considered in order to help prevent recurrence.

References: 1. Yildizhan B, Uyar E, Sişmanoğlu A, Güllüoğlu G, Kavak ZN. Spontaneous perforation of pyometra. *Infect Dis Obstet Gynecol*. 2006;2006:26786. 2. Walthall L, Heincelman M. Pyometra: An Atypical Cause of Abdominal Pain. *J Investig Med High Impact Case Rep*. 2021;9:23247096211022481. 3. Sawabe M, Takubo K, Esaki Y, Hatano N, Noro T, Nokubi M. Spontaneous uterine perforation as a serious complication of pyometra in elderly females. The Australian and New Zealand Journal of Obstetrics and Gynaecology. 1995;35(1):87–91. 4. Fagg SL, Sturdee DW. Spontaneous rupture of pyometra. Journal of the Royal College of Surgeons of Edinburgh. 1982;27(4):241