LLETZ during lactation causing cervical stenosis and haematometra

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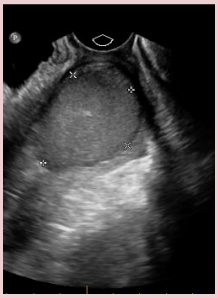
Background

- This is the fifth case report of complete cervical stenosis and haematometra following cervical procedures during lactation (1–4)
- LLETZ procedures are not well studied in lactation
- Oestrogen receptors are found throughout the cervix (6) and influenced by exogenous and endogenous hormone levels (5)
- Oestrogen affects leukocyte activity in the cervix (6) and low oestrogen levels induce atrophic changes on histological specimens (both in menopause and exogenous administration) (7)

Figure 1



Transvaginal USS showing haematometra

Case

- A 41 year old G3P1 woman had a LLETZ procedure performed at 4 months post partum for CIN2 on cervical biopsy
- The LLETZ specimen was found to contain CIN3 on histological review
- At 10 months post partum, presented to GP with cramping abdominal pain
- Remained amenorrhoeic since delivery, breast fed exclusively until 7 months post partum
- TVUSS reported a 43mm x 33mm x 40mm haematometra (Figure 1) – referred to gynaecology
- Complete cervical stenosis on speculum
- Recanalisation and dilatation of cervix under GA
- Good recovery with subsequent normal menses

Conclusion

- Healing and regeneration of the cervix appears to be altered by hypoestrogenic states
- This is of particular significance in lactational amenorrhoea, where cervical stenosis may lead to haematometra at the time menses recommence
- We present the fifth documented case of complete cervical stenosis following excisional biopsy of the cervix during lactational amenorrhoea
- Similar principles may possibly apply to women in other temporary hypoestrogenic states, such as those with ovulation suppression due to progestogen therapy
- Topical Oestrogen therapy may be of benefit

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