

ABSTRACT

Secondary infertility is a term used in couples who have had at least one successful conception in the past but currently is incapable to conceive. This may be due to hormonal disorders, premature ovarian failure, genital infections, endocrinological complications such as diabetes and thyroid disorders, and structural anomalies such as congenital uterine anomalies, uterine synechiae. Retained fetal bones in the endometrial cavity may be likened to an intrauterine contraceptive device, causing chronic inflammation within the endometrium, releasing endometrial prostaglandins that prevent blastocyst implantation. In this case, the cause of secondary infertility is retained intrauterine fetal bones, from which incidence of this complication is underestimated.

Keywords: *Fetal bone, uterine synechiae, secondary infertility, dilatation and curettage, hysteroscopy*

CASE PRESENTATION

A 31-year-old G2P0 (0010) Filipino woman, no known comorbidities, regularly menstruating since menarche of 14 years old, consuming 3-4 moderately soaked pads per day during menses, lasting 5 days, sought consult due to secondary infertility for 10 years. History revealed that she underwent a completion curettage 10 years prior for incomplete abortion. On the interim, patient denies of any heavy menstrual bleeding and pelvic pain. She denies use of any form of contraception. Patient sought consult with her attending physician from which routine physical exam revealed unremarkable findings. On pelvic ultrasound, uterine synechia noted. On diagnostic hysteroscopy, 3 polypoid masses at the posterior portion of the uterine wall as well calcified materials, appeared as white bony structures with trabeculated pattern were noted. They were removed until the entire cavity was clear. Specimens were confirmed by histology as fetal bone fragments. 10 months post evacuation of retained fetal bone parts, patient had a spontaneous pregnancy and was able to deliver at 9 months with no complications.

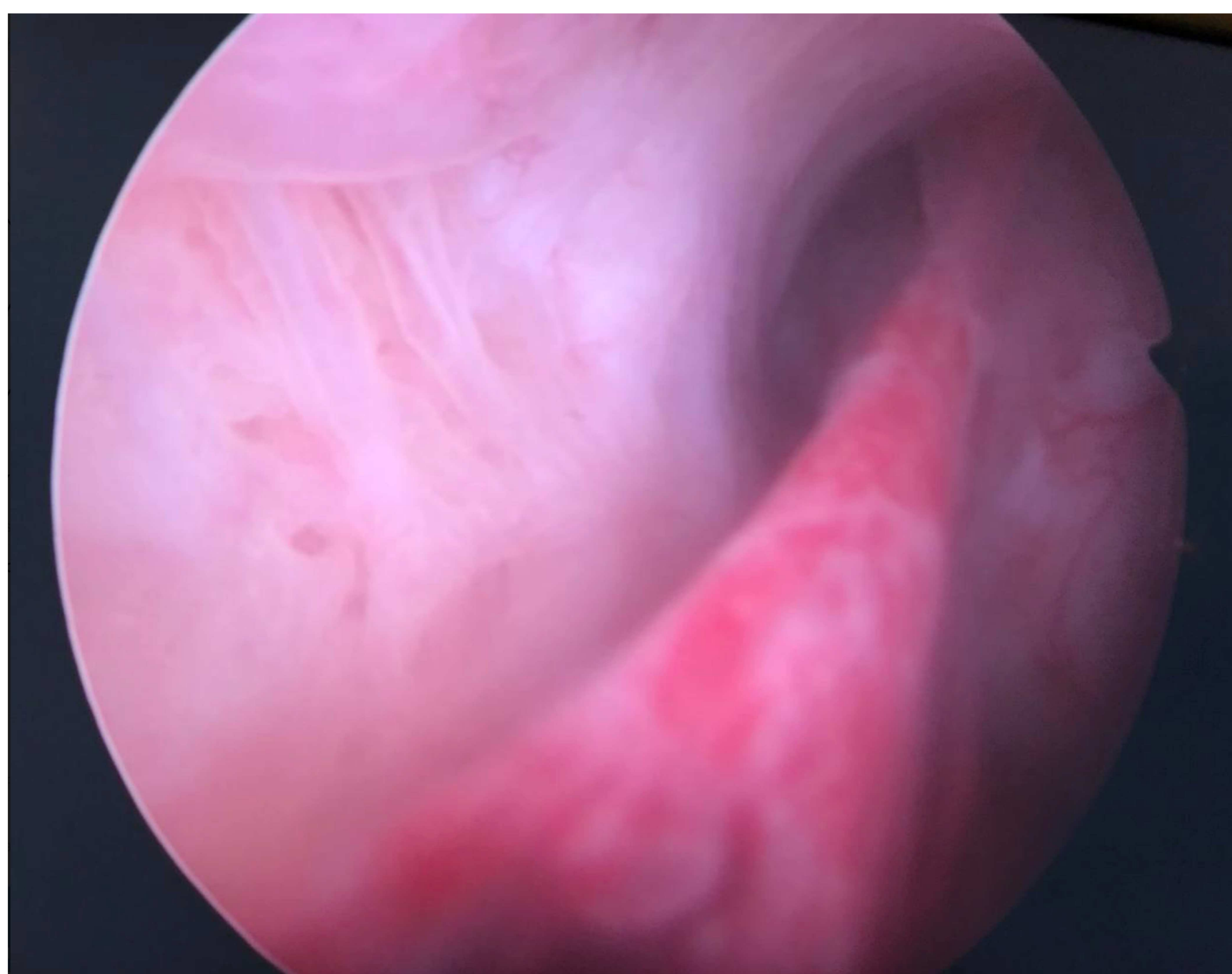


Figure 1. Hysteroscopic view of retained bone fragments, most probably fragments from a long bone

CONCLUSION

Spontaneous abortion may cause a myriad of complications including pain, bleeding, infection, uterine atony, hemorrhage, perforation, septic abortion, disseminated coagulation [1]. In this case, our patient presented as secondary infertility secondary to retained fetal bone parts 10 years post completion curettage. These bony materials, when retained, cause inflammation within the endometrium through prostaglandin secretion, causing unintentional secondary infertility [2]. Other complications of retained fetal bone parts are abnormal uterine bleeding, pain during menstruation, chronic pelvic pain, abnormal vaginal discharge.

Given the prior history of dilatation and curettage after a missed abortion years prior to present consult, retained products of conception from a blind procedure may be a complication as well as a secondary cause of infertility in this case. Spontaneous pregnancy following hysteroscopic removal of these bony fragments suggests that these foreign bodies act as the inflammatory mediator preventing proper implantation of an embryo.



Figure 2. Calcified materials, appeared as white bony structures with trabeculated pattern were noted.

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