A diagnostic dilemma in two cases of secondary infertility: retained intrauterine fetal bones

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Background: The condition of intrauterine retained fetal bones is recognized, but rare. First ever to describe the presence of bone in endometrium was Staid in 1928. The reported incidence of retained fetal bone is 0.15% among diagnostic hysteroscopy. We would like to present two interesting cases of retained fetal bones after mid-trimester termination of pregnancy in patients investigated for secondary amenorrhea and pelvic pain.

Case 1: A 30 years old women G2P0 was referred to fertility clinic with a history of secondary amenorrhea, pelvic pain and secondary infertility. She had one termination of pregnancy 10 years ago and no other significant medical history. Investigations have shown a normal hormone profile, clear STI and smear tests. A pelvic ultrasound revealed bilateral polycystic ovaries, fibroids and uterine calcifications. A further hysteroscopy was carried out which revealed presence of bony parts. The bones were removed under direct vision. On histological examination, these specimens were confirmed foetal bones.

Case 2: A 31 years old woman G1P0 was seen in our clinic with a 9 months history of on-going left iliac fossa pain and secondary infertility. She had a non-significant medical history, apart from a termination of pregnancy at the age of 16. Vaginal swabs as well as smear tests were found to be normal. A pelvic ultrasound revealed the presence of a heterogenic structure suggestive of IUCD, however the patient denied having one fitted in the past. Hysteroscopy revealed the presence of foetal bones imbedded in uterine cavity. On histological examination, these specimens confirmed calcified fetal bones.

Conclusion: There are only a few case reports of intrauterine retained fetal bones resulting in secondary infertility in the world literature. The etiology is unknown, but theories include retained fetal bone and osseous metaplasia of endometrial tissue. Secondary infertility, abnormal uterine bleeding and dysmenorrhea are the usual complaints for these patients. Retained fetal bone represents a cause of chronic pelvic pain that should be considered particularly in a woman with a history of late termination. Hysteroscopic evacuation remains the treatment of choice. These two case reports confirm the importance of routine baseline evaluation of the endometrium in subfertility women with a history of
termination of pregnancy.