Uterine infarction after IVF-ET in a patient with uterine adenomyosis: A case report

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Introduction: Uterine adenomyosis is a common benign gynecologic disorder that is characterized by the presence and growth of heterotopic endometrial or endometrium-like structures in the myometrium, with adjacent myometrial hyperplasia. Uterine infarction after IVF-ET in a patient with adenomyosis is rare, although it occurs as a complication of uterine artery embolization for fibroids treatment or adenomyosis. CASE PRESENTATION: A 32-year-old nulligravida woman with uterine adenomyosis presented with fever, pelvic pain and chemical abortion after IVF-ET and slightly elevated hCG. Focal uterine infarction was suspected after pelvis MRI demonstrated preserved myometrium between the endometrial cavity and inner margin of the necrotic myometrium. She underwent treatment for pelvic inflammatory disease with antibiotics and anemia with transfusion. After 2 months later, although follow-up MRI presented interval regress of previously noted possible focal uterine infarct with uterine adenomyosis, symptom has been continued. CONCLUSION: Surgical management of uterine infarction may be considered in the management of uterine infarction after IVF-ET with uterine adenomyosis if future fertility is not desired.

Associations between Serum Thyrotropin and Metabolic Syndrome

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목적: Thyrotropin levels are outside normal reference range in subclinical thyroid disease. Metabolic syndrome (MetS) involves clustered cardiovascular risk factors, including abnormal lipids, insulin resistance, and hypertension. The aim of this study was to investigate associations of serum thyrotropin (thyroid stimulating hormone, TSH) with lipid concentrations and metabolic syndrome in Korean women.

방법: We reviewed medical records of 4265 Korean women who visited the health promotion center for a routine checkup between January 2011 and December 2012, retrospectively. Clinical, hormonal, and metabolic parameters were evaluated. Metabolic syndrome was defined according to the National Cholesterol Education Program- Third Adult Treatment Panel (NCEP-ATP III) criteria. Participants were classified into subclinical hypothyroidism (< 0.40 mU/L, n=462), subclinical hyperthyroidism (4.0-10 mU/L, n=92), and the euthyroid groups (0.4-4.0 mU/L, n=3711) according to TSH levels.

결과: In euthyroid subjects, TSH levels correlated positively with systolic blood pressure (SBP), triglycerides (TG) and creatinine. In subclinical hyperthyroid subjects, TSH levels correlated negatively with high density lipoprotein cholesterol (HDL-C), incidence of low HDL-C, and elevated blood pressure (BP). There were significant associations were seen between metabolic syndrome (MetS) prevalence and TSH levels in subclinical hypothyroid group. No significant correlations were found between TSH levels and variables in the subclinical hypothyroid group. In the entire study population, TSH levels correlated positively with SBP/DBP, and creatinine.

결론: In subclinical hyperthyroidism, TSH levels had significant associations with prevalence MetS (especially low HDL-C, hypertension). Therefore, subclinical hyperthyroid woman with a lower TSH level may need further evaluation of metabolic syndrome and cardiovascular risk.