



## An infected uterine diverticulum due to a cesarean section

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A 36-year-old female presented to our gynecology clinic with a two-week history of persistent lower abdominal pain. She had undergone a cesarean section 10 years ago on her request and experienced persistent postmenstrual spotting for one year. Physical examination revealed a tender uterus. Laboratory studies revealed a white cell count of  $14,300/\text{mm}^3$  and a C-reactive protein level of 11.3 mg/L. Pelvic ultrasonography revealed a cystic mass in the lower segment of the uterus (Figure 1). Furthermore, pelvic magnetic resonance imaging revealed a cystic lesion measuring  $5.1 \times 4.2 \times 4.0$  cm at the site of the previous hysterotomy (Figure 2a). Reddish-brown pus was aspirated transvaginally (Figure 2b). These findings were consistent with an infected uterine diverticulum. The patient was administered

intravenous ceftriaxone and metronidazole. Because the patient wanted a second child, a transvaginal uterine diverticulectomy was performed (Figure 2c-f). Postoperatively, her abdominal pain resolved completely. At the three-year follow-up, she was still pain-free. Informed consent was obtained from the patient for the publication of this report.

Uterine diverticula commonly develop after cesarean sections<sup>1,2</sup> and are usually small and asymptomatic. A large infected diverticulum is rare<sup>3</sup> and may cause abdominal pain, which was observed in our patient. In such patients, transvaginal uterine diverticulectomy is a feasible treatment option.

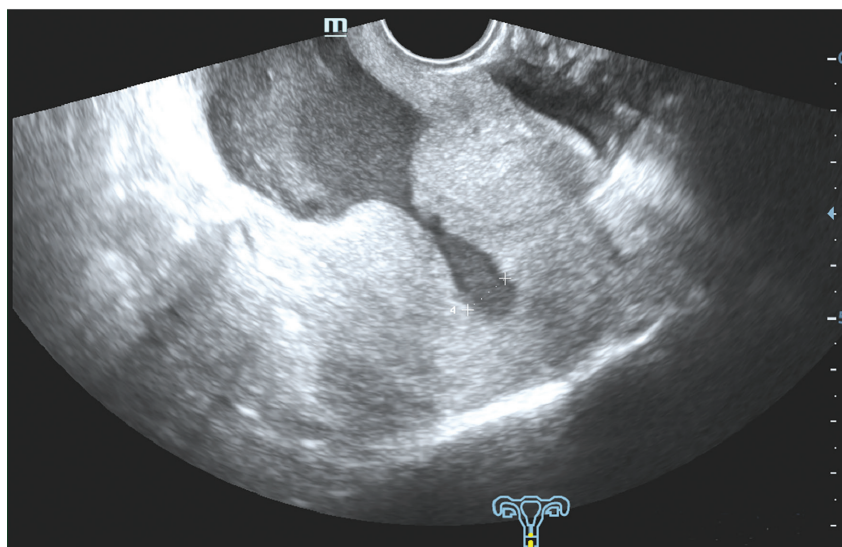


FIG. 1. Pelvic ultrasonography showing a cystic mass in the lower segment of the uterus.

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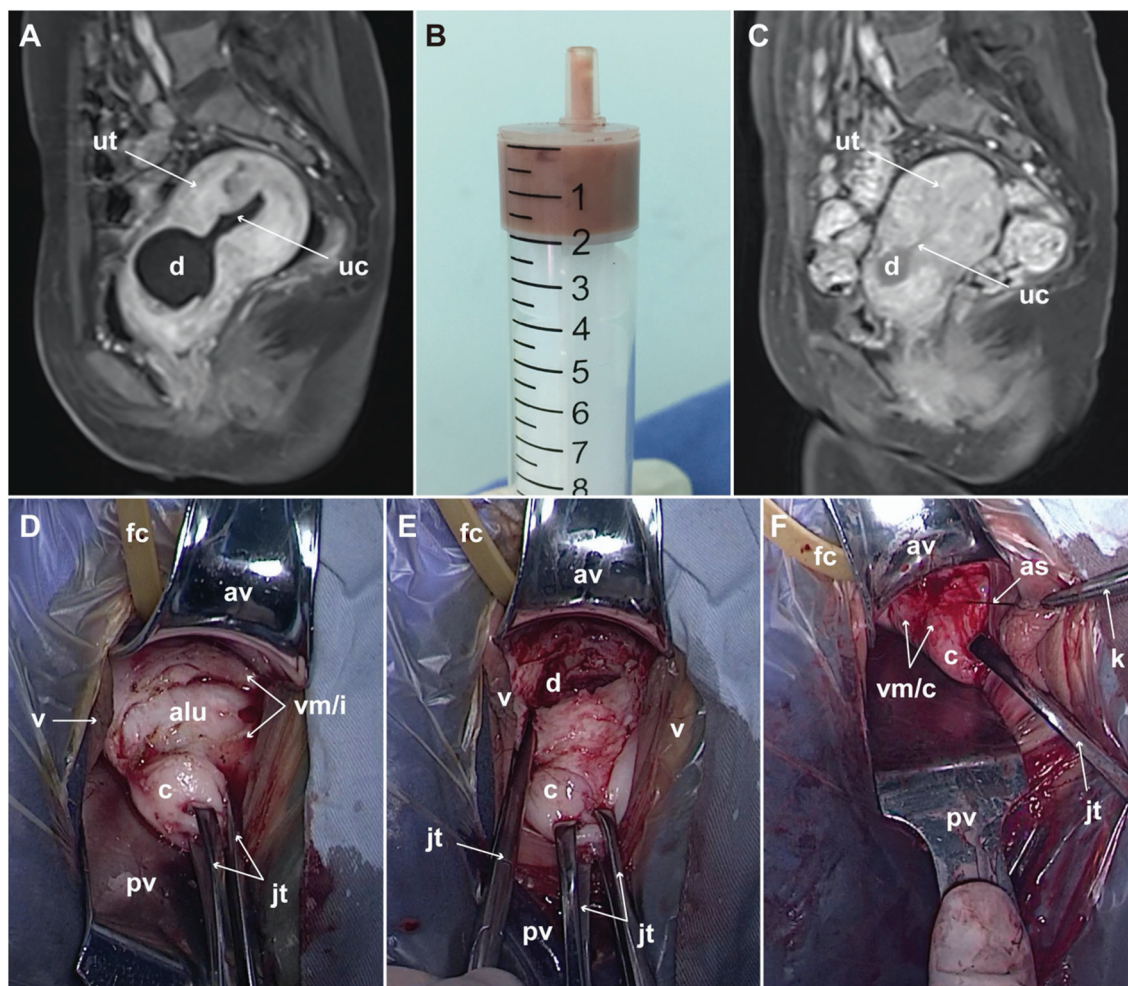
**Received:** June 08, 2024 **Accepted:** July 04, 2024 **Available Online Date:** xxxxxx • **DOI:** 10.4274/balkanmedj.galenos.2024.2024-6-5

Available at [www.balkanmedicaljournal.org](http://www.balkanmedicaljournal.org)

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**Cite this article as:** Sun W, Chen G. An infected uterine diverticulum due to a cesarean section. *Balkan Med J.*;

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**FIG. 2.** (a) Pelvic magnetic resonance imaging (MRI) performed before antibiotic treatment. (b) Pus aspirated transvaginally. (c) MRI performed after antibiotic treatment. (d-f) Transvaginal uterine diverticulectomy was performed. (d) Exposure of the anterior isthmic region of the uterus. (e) Incision of the uterine diverticulum. (f) Repair of the uterine defect.

alu, anterior lower uterine segment; as, absorbable suture; av, anterior vaginal retractor; c, cervix; d, diverticulum; fc, Foley's catheter; jt, Jacobs tenaculum; k, Kelly clamp; pv, posterior vaginal retractor; uc, uterine cavity; ut, uterus; v, vulva; vm/c, vaginal mucosa/closed; vm/i, vaginal mucosa/incised.

**Informed Consent:** Informed consent was obtained from the patient for the publication of this report.

**Authorship Contributions:** Concept- W.S. G.C.; Design- W.S.; Supervision- G.C.; Materials- W.S.; Data Collection and/or Processing- W.S. G.C.; Analysis and/or Interpretation- G.C.; Literature Search- W.S. G.C.; Writing- W.S.; Critical Review- G.C.

**Conflict of Interest:** No conflict of interest was declared by the authors.

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