

Case Report

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Short Note on Clinical Case Reports

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Tarney and Guidry [1] from USA presented a case of a 28-year-old female who required laparotomy to remove a copper T380A IUD embedded into the small intestine and ovary after perforating through the uterus. In this case report, the importance of proper technique when placing IUDs and the steps in retrieving an IUD which is suspected to have perforated the uterus have been illustrated.

Matsubara et al. [2] from Japan have described a 28-year-old woman after term planned CS due to placenta previa with severe postpartum hemorrhage unresponsive to uterotonics. In their report, UCS was performed, but did not achieve hemostasis, with bleeding amount of 7000 mL. Peripartum (cesarean) hysterectomy was performed without any difficulty. UCS compressed the uterus or at least prevented the uterine cavity from filling with a large amount of blood. So, it is suggested that UCS may be more widely applicable than previously considered.

Sardo et al. [3] from have reported a case with severe vaginal stenosis simulating a transverse septum with huge hematocolpos in an HIV-patient and have described how to make a break in the wall.

Guruwadarhalli et al. [4] from UK have diagnosed cervical tuberculosis in a 72 year old post-menopausal woman who were referred to the gynaecology clinic with a history of postmenopausal bleeding 4 months after the insertion of ring pessary for uterovaginal prolapse. They have concluded that it is important to think of TB as a differential diagnosis in women having abnormal vaginal bleeding not responding to traditional management

Bermejo et al. [5] from Spain have presented a case of Sirenomelia in a 28-year-old primigravida woman with bilateral renal agenesis, severe oligohydramnios, in association with single umbilical artery, ambiguous external genitalia, and truncus arteriosus type IV. This report has been the first that has reported the association of Sirenomelia with truncus arteriosus type IV in the literature.

Tarney and Hong [6] from USA have presented a case of a peritoneal pregnancy in a 38-year-old woman which was missed at initial laparoscopy in which operative findings were notable for a bleeding right fallopian tube with no evidence of the gestational tissue. An exploratory laparotomy has been performed twenty-four hours later

for concerns of an acute abdomen and has revealed an ectopic implant with active bleeding and peritoneal erosion over the rectum. This case illustrates the ramifications of a ruptured ectopic pregnancy and also highlights the limitations of laparoscopy as a diagnostic modality in evaluating for an ectopic pregnancy.

Sagsak et al. [7] from Turkey have reported a case report of a 15 year-old female patient presented with a complaint of not menstruating. Her medical history had revealed an appendectomy at the age of 9 years, and surgical intervention due to a right para-ovarian hemorrhagic cyst at the age of 12 years. A pelvic Magnetic Resonance Imaging evaluation had been performed and had revealed two uteri, one of which was rudimentary. Normal-sized uterus had not continued by vaginal lumen; however, the rudimentary uterus had been connected with vaginal lumen. A hemorrhage to peritoneal cavity had been suspected by pediatric endocrinologist and had been referred to gynecologist and radiologist for detailed investigation. In the report, the authors have concluded that the previously excised cyst might be bleeding into the peritoneal cavity as a result of menstruation.

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