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Prolapsed inversion of uterine adenosarcoma in a young lady: A rare case report

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ABSTRACT

Introduction: Uterine adenosarcoma is rarely observed and diagnosed in clinical setting, even more so when presented with prolapsed, non-puerperal uterine inversion. **Case Description:** We present a case of a 31-year-old lady with a history of irregular menstruation, post-coital bleeding, constitutional symptoms and a gradual protrusion of polypoidal mass per vagina. There was a palpable uterine mass at 18-week which was firm-to-hard in consistency. Pelvic examination revealed an elongated fleshy mass per vagina measuring 5 x 5 cm, protruding through the cervical os with irregular border, highly vascularized, cystic-to-hard in consistency. Rectal examination noted an anterior mass. Biopsy suggested an endometrial stromal sarcoma or a rhabdomyosarcoma. Patient subsequently had a massive prolapsed of the mass. Computed tomography of the thorax, abdomen and pelvis found a uterine prolapse with mass lesion. Staging laparotomy, total abdominal hysterectomy and bilateral salpingo-oophorectomy, resection of prolapsed endometrial sarcoma, omentectomy, pelvic lymph node biopsy and bilateral internal iliac artery ligation were performed. Histopathological examination revealed uterine adenosarcoma stage 1b with sarcomatous overgrowth. She remained healthy and well to date, six months post-surgery. **Discussion:** Clinicians should embody high suspicion of malignancy in a bleeding polypoidal mass per vagina in the presence of constitutional symptoms, even in a young patient. To the best of our knowledge, this is the first reported case of uterine malignancy in a 31-year-old lady manifesting with prolapsed inversion per vagina. Given the rarity of the case, challenges in therapeutic and surgical approaches warrant for skilled and expert deliberations on the best treatment options.

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Role of Gabapentine in treatment of Wernicke's encephalopathy following hyperemesis gravidarum: A case report

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ABSTRACT

Introduction: Wernicke's encephalopathy (WE) is a medical emergency resulting from the depletion of Vitamin B1 (Thiamine) that requires prompt diagnosis and timely administration of thiamine. A pregnant lady with refractory hyperemesis gravidarum is at risk developing WE as a result of depletion in thiamine. **Case Description:** A case of 34-year-old pregnant lady at 12 weeks gestation presented with a triad of confusion, ocular sign, and ataxia which previously has multiple inpatient admission for hyperemesis gravidarum. Her WE was diagnosed clinically and confirmed with MRI imaging. Clinically her mental status improved after receiving parenteral thiamine however she continued to experience ataxia with blurring vision. Oral Gabapentine was started which showed marked improvement in her gait and vision. **Discussion:** Timely administration of thiamine upon diagnosis is the mainstay treatment for WE. Ocular symptoms and altered mental status will show significant improvement after thiamine administration however gait abnormality usually gradually recovered and some patients may have residual gait disturbances. Gabapentine is mostly used in the treatment of epilepsy and neuropathic pain. A proposed mechanism of Gabapentin's role in neurological recovery within damaged cell brain is mainly by its actions on neural receptor protein alpha2delta2. Furthermore, Gabapentine may help in refratory hyperemesis gravidarum by acting on enteral nervous system. Hence, Gabapentine may has significant role as an adjunct treatment in treating refractory hyperemesis gravidarum and WE together with thiamine.