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An unusual cause of abdominal pain in a post-menopausal woman with advanced cancer

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A 67-year-old post-menopausal woman with advanced stage histiocytic sarcoma of the pelvis, presented with 4-day history of abdominal pain and fever. She had local tumor invasion to bladder and cervix requiring bilateral percutaneous nephrostomy tubes. She received chemotherapy and radiotherapy with partial tumor regression. On examination she had an enlarged suprapubic mass and foul-smelling vaginal discharge. A computed tomography (CT) scan demonstrated a large cervical mass occluding the cervical os, causing dilatation of the endometrial cavity, doubling its size compared to one month prior. The patient was started on broad spectrum antibiotics and a cervical catheterization was intended unsuccessfully. A CT guided percutaneous uterine drain was placed in her abdomen and purulent drainage grew *Staphylococcus aureus*. Blood and urine cultures were negative. She was discharged on oral sulfamethoxazole/trimethoprim and metronidazole with clinical improvement. In the subsequent months she underwent chemotherapy and radiotherapy and required long-term percutaneous drainage. Pyometra is defined as the accumulation of pus in the uterine cavity and thought to be a result of interference with the natural drainage of the uterus. Symptoms are non-specific and easily misdiagnosed. Diagnosis can be made clinically by drainage of pus from the uterine cavity and with imaging. Treatment includes drainage along with antibiotics to cover microorganisms such as *Staphylococcus aureus*, *Escherichia coli* spp., and *Streptococcus* spp. Vague abdominal symptoms in a post-menopausal woman with pelvic malignancy should raise concern for pyometra and prompt treatment has to be instituted to prevent the development of the most catastrophic complication; uterine perforation.

Biography

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