

One Decade Later: The Conundrum of Unrecognized Asherman Syndrome

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Abstract : Introduction: The fibrous intrauterine adhesions forming inside the uterus and/or cervix in Asherman syndrome can obstruct the internal cervical orifice and may present as a case of outflow tract obstruction. Asherman syndrome is often overlooked since it has no specific presentation and is undetectable by routine physical examinations or diagnostic procedures such as an ultrasound. This paper highlights the delay and elusive diagnosis of Asherman syndrome which negatively impacted the patient's fertility and quality of life. Case presentation: A 33-year-old woman (gravida 3, para 3) who presented with secondary amenorrhea for thirteen years associated with cyclic pelvic pain and secondary infertility sought a consultation at our institution for evaluation and specialty management. The patient had no other well-established risk factors for Asherman syndrome aside from pregnancy. For more than a decade, she delayed seeking medical care. At presentation, history taking, physical examination, and ultrasound were not helpful in identifying the cause of outflow tract obstruction. Diagnostic hysteroscopy was then performed, during which extensive scarring and fibrosis completely obscured the internal cervical orifice were observed, consistent with the diagnosis of Asherman syndrome (Grade 5B). The patient then underwent ultrasound guided hysteroscopy outflow tract dilatation and responded well to the treatment as she had her menstrual period a month after the procedure and no longer had cyclic pelvic pain with a repeat ultrasound finding of an unremarkable uterus. The hispathology result of the tissues retrieved revealed myometrial fragments with associated old hemorrhage benign endometrial stromal tissues, which failed to show endometrial glands. Conclusion: The delay and elusive diagnosis of Asherman syndrome can be brought about by poor health seeking behavior of patients and difficulty in detecting this condition by routine physical examinations or diagnostic procedures such as an ultrasound. It is, therefore, necessary to include Asherman syndrome in the differential diagnosis of secondary amenorrhea and secondary infertility. With expertise in hysteroscopy, early diagnosis, proper classification in the advent of hysteroscopy, and optimal management can improve patient outcomes.

Keywords : Asherman syndrome, outflow tract obstruction, secondary amenorrhea, infertility, hysteroscopy

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