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Case Condensations

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Long-term retained hygroscopic cervical dilator

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Dilapan (Gynotech, Inc., Middlesex, NJ) is a synthetic hygroscopic dilator composed of polyacrylonitrile. It is used primarily for cervical preparation before pregnancy termination. The dilators, introduced in 1985, were withdrawn from the market in 1995 due to unpublished reports of the devices fracturing.

Case

A 24-year old woman, gravida 1, para 0, presented with acute worsening of chronic pelvic pain. Her medical history was significant for dilation and evacuation of an undesired 20-week pregnancy at age 14 years. Records of the pregnancy termination were not available because it was done in another state and the surgeon is deceased. After that procedure she developed chronic pelvic pain, menometrorrhagia, dyspareunia, and severe dysmenorrhea. During the 10 years after her abortion, she was seen by at least 12 different physicians who diagnosed pelvic inflammatory disease (PID) and prescribed numerous courses of antibiotics. Three weeks before admission, PID was diagnosed again and ultrasound showed an intrauterine fluid collection suggesting hematometra. An in-office suction curettage was done by a community gynecologist, returning only a small amount of blood and endometrial tissue with histology showing chronic inflammation. She completed a 2-week course of doxycycline. Results of chlamydia and gonococcus cultures were negative. She was seen for the first time at our institution 4 days after the curettage stating that her pain had become intolerable. Because of her severe pain and a repeat ultrasound

showing a well-demarcated, sonolucent intrauterine abnormality, she was taken to surgery with a preoperative diagnosis of intrauterine foreign body versus pyometra secondary to intrauterine adhesions and acute PID. Hysteroscopy found a 1.5 x 6.0-cm intrauterine Dilapan that was intact except for an absent handle. The extremely fragile device was extracted in multiple fragments, and the hysteroscope confirmed complete removal. Laparoscopy, done because of the severe pain and tenderness, found a few thick tubo-ovarian and pelvic sidewall adhesions on the left and no gross evidence of acute infection. The adhesions were not lysed because of continuing concerns about infection. Postoperatively, normal menstrual cycles resumed. Her pelvic pain, though markedly decreased, had not completely resolved at 3 months' follow-up which might have been due to persistent pelvic adhesions, but she did not consider the pain to be severe enough to warrant more surgery. A hysterosalpingogram showed normal uterine cavity and patent tubes.

Comment

The retained Dilapan was the likely cause of this woman's chronic complaints. A MEDLINE search from 1966 to 1998 using the National Library of Medicine's PubMed and search terms "Dilapan," "osmotic dilator," "hygroscopic dilators," and "intrauterine foreign body" found no other reports of prolonged retention of a Dilapan and only a single report documenting prolonged retention of laminaria tent fragments (15 months).¹ Retained osmotic dilators should be considered in women with chronic pelvic complaints and histories of prior pregnancy terminations, especially when ultrasound shows well-demarcated, sonolucent space within the endometrial cavity.

References

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