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Letter to the Editor

Incidental Diagnosis of Septate Uterus in a Postmenopausal Woman

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Dear Editor,

Postmenopausal bleeding (PMB) is a critical gynaecological concern requiring prompt evaluation, as approximately 9% to 10% of cases are attributable to endometrial malignancy[1]. While transvaginal ultrasonography and hysteroscopy are standard diagnostic modalities, the incidental discovery of a congenital uterine anomaly is rare in postmenopausal women. We present a complete septate uterus incidentally identified during hysteroscopic management of PMB caused by an endometrial polyp, highlighting the importance of recognizing structural variants to avoid misdiagnosis.

A multiparous woman in her 60s (para 7, BMI 30.5 kg/m²) presented with a two-week history of PMB. She had reached menopause at age 57, never used hormone replacement therapy, and had no prior uterine surgeries. Her obstetric history was notable for seven spontaneous vaginal deliveries, including two requiring manual removal of the placenta under anesthesia and one complicated by breech presentation. Transvaginal ultrasound revealed a 4 mm endometrial thickness and a focal hyperechoic lesion consistent with a polyp.

During diagnostic hysteroscopy, in ambulatory gynae clinic a complete uterine septum was unexpectedly identified, extending from the fundus to the internal cervical os and dividing the cavity into two distinct hemi-cavities. A partial septectomy was performed strictly from the level of the internal os to facilitate adequate visualization of the entire anatomy. A pedunculated endometrial polyp was identified in the left hemi-cavity and resected with Truclear. Separate hysteroscopy-guided biopsies were obtained from both cavities. Histopathology confirmed a benign endometrial polyp with normal bilateral endometrium, and the bleeding resolved postoperatively.

Congenital uterine anomalies result from the abnormal development and incomplete resorption of the Müllerian ducts[2]. A septate uterus is strongly linked to adverse reproductive outcomes, including recurrent miscarriages, preterm births, and fetal malpresentations[3]. Interestingly, our patient's history of manual placental removal and breech presentation likely stemmed from this

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unrecognized anomaly, which had surprisingly remained undiagnosed throughout her reproductive years.

This case highlights the clinical significance of recognizing structural Müllerian variants in older cohorts. In postmenopausal women, a uterine septum can easily complicate diagnostic procedures or be misidentified as a pathological intrauterine mass, potentially leading to incomplete cavity assessment or unnecessary aggressive surgery. While surgical correction of a uterine septum offers clear reproductive benefits for younger patients, current clinical evidence does not support routine septum resection in postmenopausal women, and conservative management remains the standard of care once malignancy is excluded[4]. Clinicians must maintain a high index of suspicion for anatomical variants to ensure accurate diagnosis and avoid overtreatment.

Declaration of Conflicts of Interest:
None declared.

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