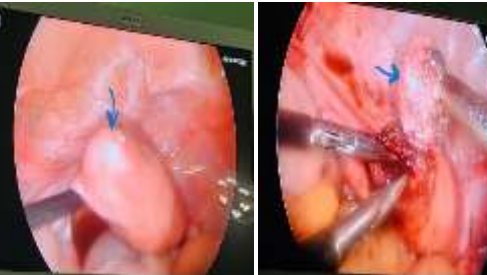




INTRODUCTION	CASE REPORT	MANAGEMENT	CONCLUSION
<p>Accessory cavitated uterine mass(ACUM) is a rare form of developmental mullerian anomaly characterized by non communicating accessory uterine cavity in otherwise normal uterus with symptoms of severe dysmenorrhea, pelvic pain and infertility in young women age group.</p>	<p>A case of 19 yrs. old unmarried female got admitted in Pacific Medical College and Hospital with complaints of severe dysmenorrhea since menarche which does not get relieved despite using NSAID'S &amp; OCP's</p> <p><b>EXAMINATION</b></p> <p>Moderately built ,well nourished Co-operative and well oriented,vitally stable</p> <p>P/A- soft , no palpable mass felt.</p>	<p>Surgical management was done for this patient . Laparoscopic excision of the cavitated mass was done .I ntra operatively chocolate colored fluid was drained from the cavity.</p>	<p>ACUM is a newly recognized clinical entity which often remains undiagnosed because of its clinical similarities with other myometrial masses .It differs from other mullerian abnormalities by having normal endometrial cavity . Severe dysmenorrhea and chronic pelvic pain are the early onset of symptoms which does not get relieved by medical management of pain which arises the suspicion of confirming the diagnosis. Final diagnosis is made after confirming with HPE report of mass which is resected laparoscopically. ACUM is a treatable cause of dysmenorrhea and adequate awareness of the new entity will enable in making the diagnosis early and improves the quality of life of the patient.</p>
	<p><b>INVESTIGATIONS</b></p> <p><b>Ultrasonography</b> was done which showed homogenous cystic mass of 20x20mm on left side of uterus ,</p> <p><b>Magnetic Resonance Imaging</b> was done which was suggestive of cavitated mass with hemorrhagic content in it, located on left side of myometrial wall in normal size uterus just below the round ligament and interstitial part of fallopian tube</p>	<p><b>HISTOPATHOLOGY</b></p> <div>   </div> <p>10X VIEW,H&amp;E stained section shows cavitated mass lined by endometrium and surrounded by smooth muscle.</p> <p>40x view showing endometrial gland</p>	<p><b>REFERENCES:</b>Garofalo A, Alemanno MG, Sochirca O. Accessory and cavitated uterine mass in an adolescent with severe dysmenorrhoea: from the ultrasound diagnosis to surgical treatment. J Obst Gynaecol. 2017;37(2):259–6</p> <p>Kalokhe C, Bhosale A. A case report on accessory and cavitated uterine mass-a rare form of mullerian anomaly. Int J Reprod Contracept Obstet Gynecol 2025;14:267-9.</p>
<p><b>OBJECTIVES</b></p> <ul style="list-style-type: none"> <li>➤ To discuss the clinical features , ultrasound and MRI findings of ACUM</li> <li>➤ To discuss the management options in case of ACUM.</li> </ul>		<p><b>RESULTS</b></p> <p>Patient was managed surgically( laparoscopic excision of the cavity).No adverse outcome was reported. On follow up after 3 months patient was pain free with regular menses.</p>	