

including time spent reviewing the tool by families and care providers, will be assessed.

Results: To date, healthcare providers and ethicists have rated the usability and actionability of our tool highly according to the PEMAT. Care providers agreed the tool will be helpful for families (4.2/5), is easy to understand (4/5), accurately represents care (4/5) and provides valuable information (4.2/5). Care providers commented that the tool provides a comprehensive, non-judgmental overview of menstrual suppression. Suggestions for improvement include increasing the interactivity of the tool, generating a summary of results for families, and improving the flow of the online tool.

Conclusions: We demonstrate the development of a menstrual suppression decision aid, using a quality improvement process. Our experience highlights the feasibility of creating decision aids in the field of pediatric and adolescent gynaecology.

9. Symptomatic Infected Fluid Collection Complicating a Gravid Uterus Didelphys

Joshua Morris¹, Jasmine Eliwas², Molly Houser², Claudette Shephard²

¹ Eastern Virginia Medical School

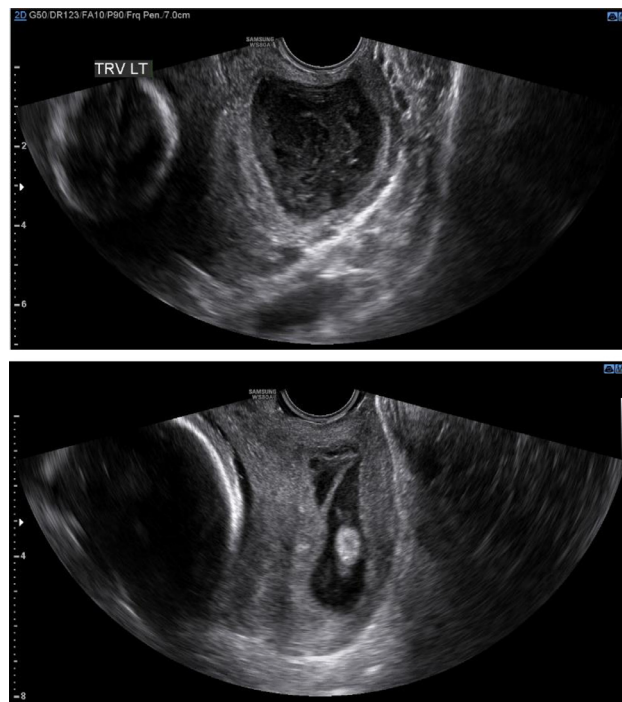
² University of Tennessee Health Sciences Center

Background: Congenital müllerian anomalies (CMA) are common, affecting approximately 5% of the population. Sonographic as well as MRI evaluation of CMA may help delineate anomaly classification, however a large gravid uterus may obfuscate ability to define these during pregnancy. This report illustrates an interesting case of a CMA diagnosis needed to evaluate and manage a non-obstetric complication during the second trimester of pregnancy.

Case: A 19 year old G1 with no significant gynecologic history presented for a fetal dating and anatomy ultrasound at 16 weeks and was notable for suspected didelphys uterus. A singleton pregnancy was noted in right uterus whereas the left uterus was empty with a thickened endometrium and hematocolpos suggestive of a longitudinal vaginal septum. On follow up ultrasound, a growing, large complex fluid collection measuring 6.76 × 3.31 × 4.26 cm was noted. At 25 weeks she presented to an OB-ED with heavy vaginal bleeding and significant purulent discharge and was admitted for treatment of suspected PID in the non-gravid uterus in the setting of leukocytosis (16,200) and fundal tenderness. On vaginal and rectal exam, a second cervix was unable to be identified and no vaginal bulge noted on palpation. A pelvic MRI was obtained to rule out an obstructed hemi-vagina and unilateral renal anomaly (OHVIRA), but was instead suggestive of an occluded hemi-vagina. The patient was readmitted 72 hours later due to preterm contractions which resolved, however purulent discharge continued. At that time, patient underwent exam under anesthesia, and with ultrasound guidance, a uterine sound was advanced into a fistula tract and a word catheter was placed through the fistula tract into the left hemi-vagina. Once the purulent discharge was drained, the left cervix was palpated 3 cm anterior to the right cervix, but not visualized. At 27 weeks there was minimal residual drainage and the catheter was retracting into mucosa as uterus was growing. Worried that the catheter may get lost or be a site for ascending infection it was removed. She was subsequently diagnosed with gestational hypertension at 37 weeks and she underwent an induction of labor.

Comments: Ascertaining the proper anatomical CMA was integral to resolving the infection of the non-gravid müllerian structures and provide appropriate counseling on risks in this and future pregnancies. Uterine anomalies are difficult to detect during pregnancy, and this report illustrates a fascinating multi-subspecialty approach including MFM, Pediatric and Adolescent Gynecology, Infectious Disease, and Interventional Radiology as well as a multi-imaging modality approach to provide appropriate evaluation and management.

Supporting Figures or Tables



10. A Petrified Intrauterine Device: Another Consideration for a Vaginal Foreign Body

Lillian Boettcher, MD¹, Katherine Hayes, MD²

¹ University of Utah

² University of Utah & Intermountain Primary Children's Hospital

Background: This case describes a levonorgestrel intrauterine device (IUD) found to be expelled and retained in the vagina encased in a thick, calcified rind. This case demonstrates that an IUD may be retained in a vaginal foreign body in a patient with decreased mobility and may present with an unconventional appearance. There are several case reports in the literature describing IUDs migrating into the bladder and forming intravesical calculi; there are no case reports describing a similar process of petrification in the uterus or vagina.

Case: The patient is a 12-year-old, medically complex female with global developmental delay, quadriplegic cerebral palsy and epilepsy secondary to congenital cytomegalovirus infection. She had menarche at age 9. A 52 mg levonorgestrel IUD was placed seven months later for menstrual suppression, resulting in significantly lighter menstrual bleeding. After about one year, the patient experienced a return of heavier menstrual bleeding, which persisted for a year prior to presentation. She had a renal ultrasound completed for unrelated complaints that noted a vaginal foreign body, concerning for her IUD. Her exam revealed a rock-like foreign body in the vagina, but no IUD. The object could not be removed in the clinic. She then had an exam under anesthesia (EUA) at which time the foreign body was easily removed. The T-shaped object was encased in a malodorous, hard, brown cast. Breaking the cast revealed the patient's IUD. Another 52 mg levonorgestrel IUD was then successfully placed resulting in excellent menstrual suppression.

Comments: In this non-mobile patient, the differential diagnosis included calcified stool or decidual cast, her IUD, or another foreign body. In the office, the foreign body was not clearly identifiable and due to the size could not easily be removed. The EUA demonstrated an encased IUD. This patient's IUD was possibly expelled and then sat in the vagina where layers of surface deposition accumulated and created a stone. We also considered that the IUD was expelled in toto within a decidual cast. The expulsion rate of IUDs in adolescents is reported to be 8.0%. Identifying