References

[1] Fujino K, Ueda M, Takehara M, et al. Transcriptional expression of survivin and its splice variants in endometriosis. Mol Hum Reprod 2006;12:383–8.
[2] Harris HR, Chavarro JE, Malspeis S, Willett WC, Missmer SA. Dairy-food, calcium, magnesium, and vitamin D intake and endometriosis: a prospective cohort study. Am J Epidemiol 2013;177:420–30.
[3] Li F, Ling X, Huang H, et al. Differential regulation of survivin expression and apoptosis by vitamin D_3 compounds in two isogenic MCF-7 breast cancer cell sublines. Oncogene 2005;24:1385–95.
[4] Santini D, Abbate A, Scarpa S, et al. Surviving acute myocardial infarction: survivin expression in viable cardiomyocytes after infarction. J Clin Pathol 2004;57:1321–4.
[5] Cauley JA, Chlebowski RT, Wactawski-Wende J, et al. Calcium plus vitamin D supplementation and health outcomes five years after active intervention ended: the Women's Health Initiative. J Womens Health 2013;22:915–29.

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Unique coral-like image on hysteroscopy

Dear Editor,

We think that the following case deserves to be mentioned due to its unique, though for many of us, unknown hysteroscopic image. A 33-year-old multiparous woman was admitted to our institution with secondary infertility that had lasted for three years and a coral-like image in hysteroscopy. This image was not recognized by her own gynecologist. She had experienced one second-trimester abortion, three years previously. On transvaginal ultrasound, linear echogenic spots were observed. Hysteroscopic examination revealed multiple bony spicules, extending perpendicularly from the posterior uterine wall into to the uterine cavity and occupying almost two thirds of the cavity (Fig. 1). The bony spicules were removed by resectoscopic excision. Histopathological diagnosis revealed osseous metaplasia of the endometrium. This pathology is a rare but benign disease. Various theories have been proposed and the most accepted theory is metaplasia of the stromal cells into osteoblastic cells that produce the bone [1,2]. It is important to distinguish this condition from a mixed mullerian tumor of the endometrium to avoid hysterectomy. A few months later this patient became pregnant spontaneously. Clinicians should keep this rare disorder in mind, especially in patients with a history of late abortion. Chronic endometritis or metabolic disorders can be rare causes. This unique coral-like image should be recognized easily, though we have the impression that for many gynecologists it remains an unknown hysteroscopic image.

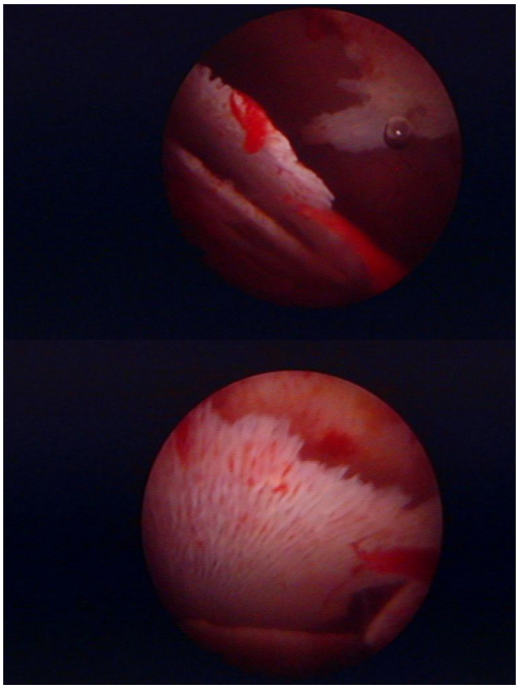

Fig. 1. Coral-like image of the endometrium at hysteroscopy.

References

[1] Lainas T, Zorzovilis I, Petsas G, Alexopoulou E, Lainas G, Ioakimidis T. Osseous metaplasia: case report and review. Fertil Steril 2004;82:1433–5.
[2] Patil S, Narchal S, Paricharak D, More S. Endometrial osseous metaplasia: case report with literature review. Ann Med Health Sci Res 2013;3(Suppl. 1):S10–2.

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