

## **NONCOMMUNICATING ACCESORY UTERINE CAVITIES AND CYSTIC ADENOMYOMAS**

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**Introduction:** Potter-Schenken described noncommunicating accessory uterine cavity as an error in the invagination of the celomyc epithelium which causes a duplicating segment of the mullerian duct. Other adenomyomas series filled with brown material which may be cystic degeneration have been suggested as a mullerian duct remnant in the myometrium and extrauterine adenomyomas and uterus-like masses as appeared from secondary Mullerian system, from metaplasia in endometriosis focus or from defect in Mullerian ducts fusion. We think that most cases of juvenile cystic adenomyomas and noncommunicating accessory uterine cavities are actually a cavitated uterine horn representing a new mullerian malformation type with normal uterus and relevant clinical manifestations.

**Materials and methods:** We present 4 cases with an intramural/subserous mass in the uterus anterior wall, at level of the round ligament. For all we performed tumorectomy and histopathology reported cavitated adenomyomas with endometrial internal lining. Likewise we present another 4 cases presenting leiomyomas, adenomyomas and a low grade stromal sarcoma.

**Results:** The first 4 cases clearly correspond to accessory and cavitated uterine horns in young women with severe dysmenorrhea with a normal uterus. The other 4 cases typical adenomyomas with a cystic area inside in older women associated to leiomyomas.

**Conclusions:** Noncommunicating accessory uterine cavities and juvenile cystic adenomyomas represent the same entity: unusual Mullerian malformations that provoke intense pain resistant to drug therapy in young patients. Accessory uterine horns are possibly a duplication and persistence of a Mullerian duct segment or Mullerian remnants all along the ducts trajectory during the embryologic development.