

Hysteroscopy in AUB

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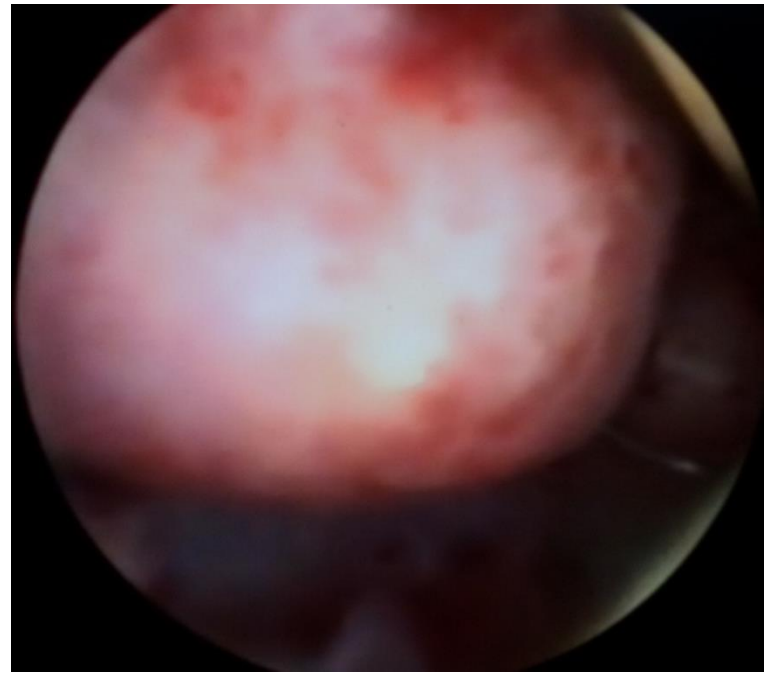
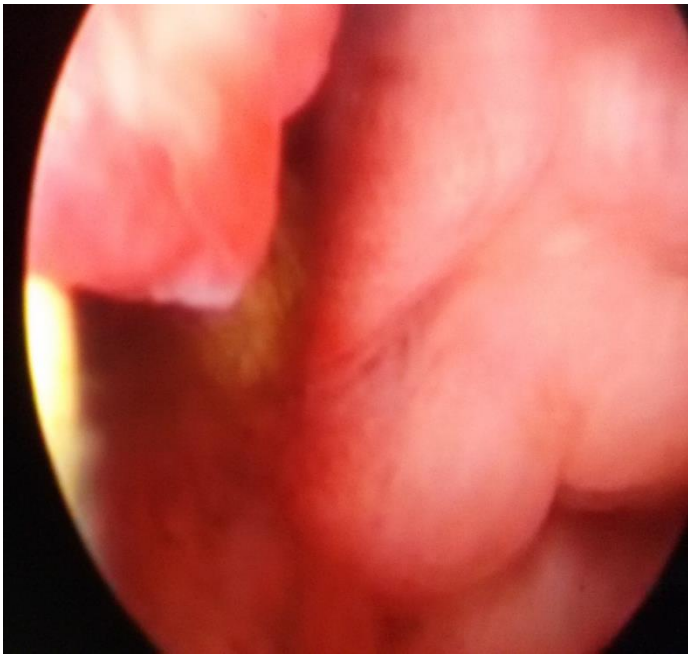
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Aim of the Study

To evaluate symptoms and ultrasound findings of cases that benefit from hysteroscopic treatment of abnormal uterine bleeding and to evolve prognostic factors that lead to better outcomes.

Introduction

The advent of hysteroscopic surgery has revolutionised the treatment of abnormal uterine bleeding. Hysteroscopy permits direct visualisation of the endometrial cavity and is thus superior to the traditional dilatation and curettage, where many endometrial polyps would be missed. Hysteroscopic myomectomy is also a simpler procedure compared to hysterectomy which is the only other option for women with submucous fibroids who present with menorrhagia intractable to medical treatment.

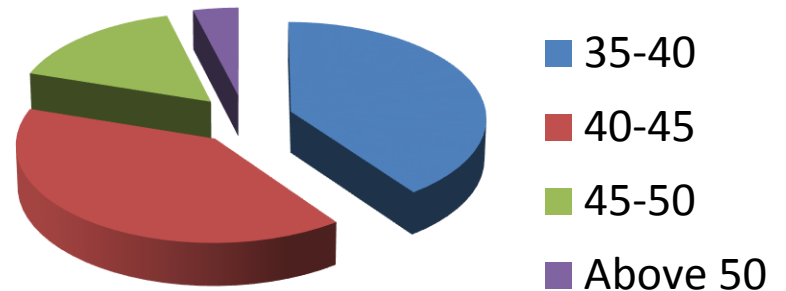


Material and methods

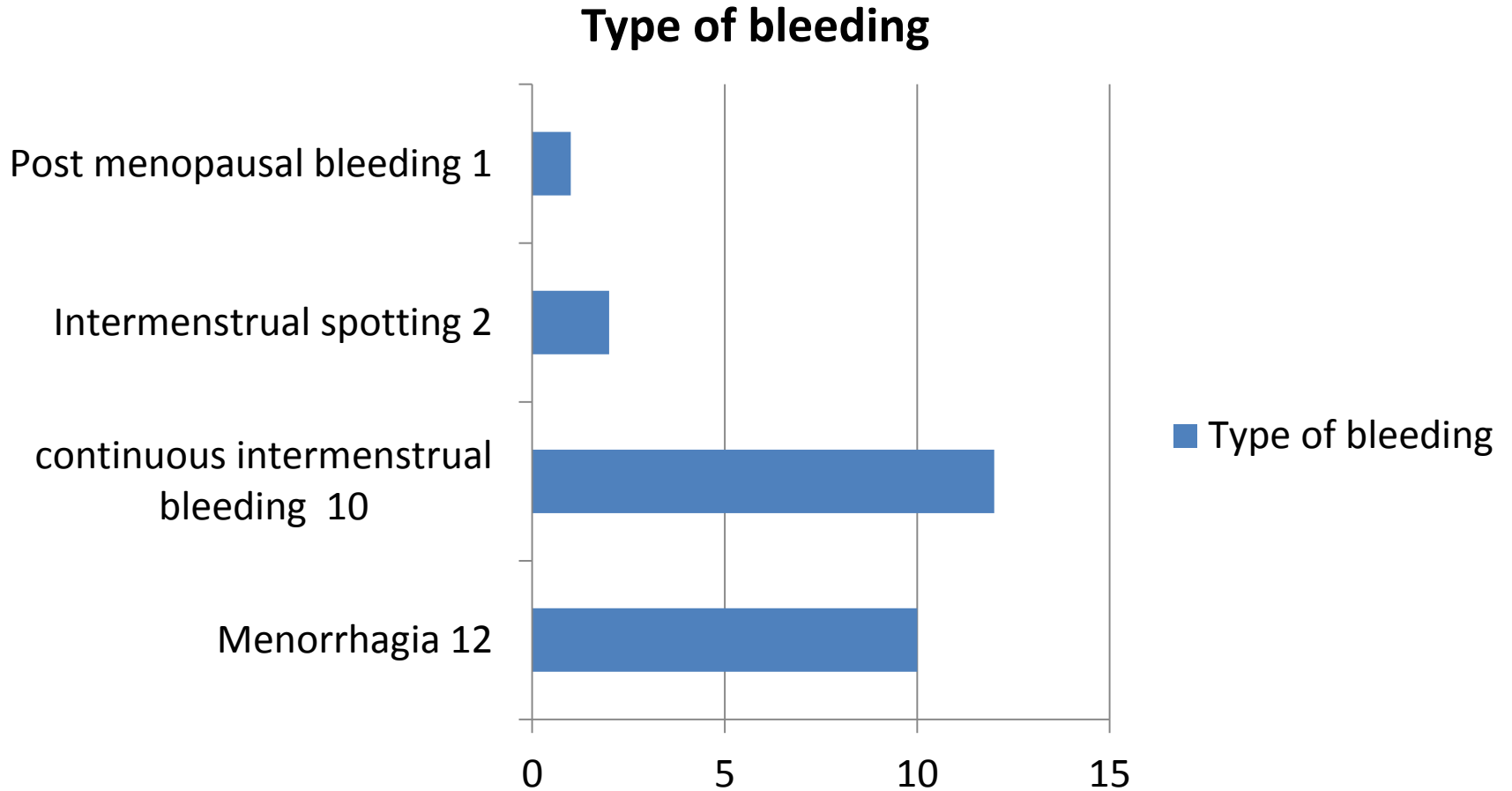
25 women from the age group 36 years to 52 years suffering from abnormal uterine bleeding who were evaluated and treated with hysteroscopy by a single operator over 4 years time, from january 2012 to december 2015 were prospectively studied. 25 patients had undergone hysteroscopic evaluation and treatment during the study period of 4 years. They had been initially evaluated by ultrasonography and were posted for hysteroscopy based on positive findings of ultrasonography

Age wise distribution

35 -40 – 10 patients
40-45- 10 patients
45-50- 4 patients
Above 50 1 patient



Menstrual pattern



Ultrasonography

USG diagnosis



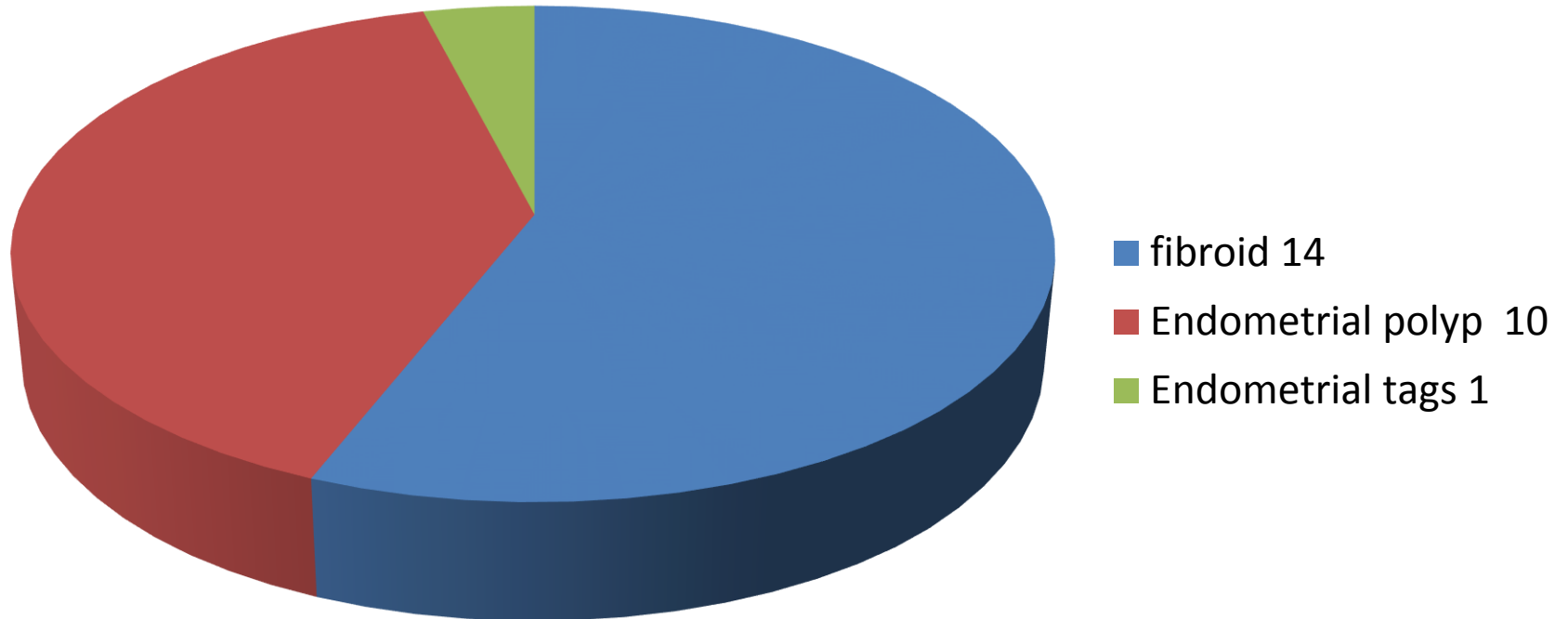
■ Fibroid 14

■ Endometrial polyp 10

■ Thickened endometrium 1

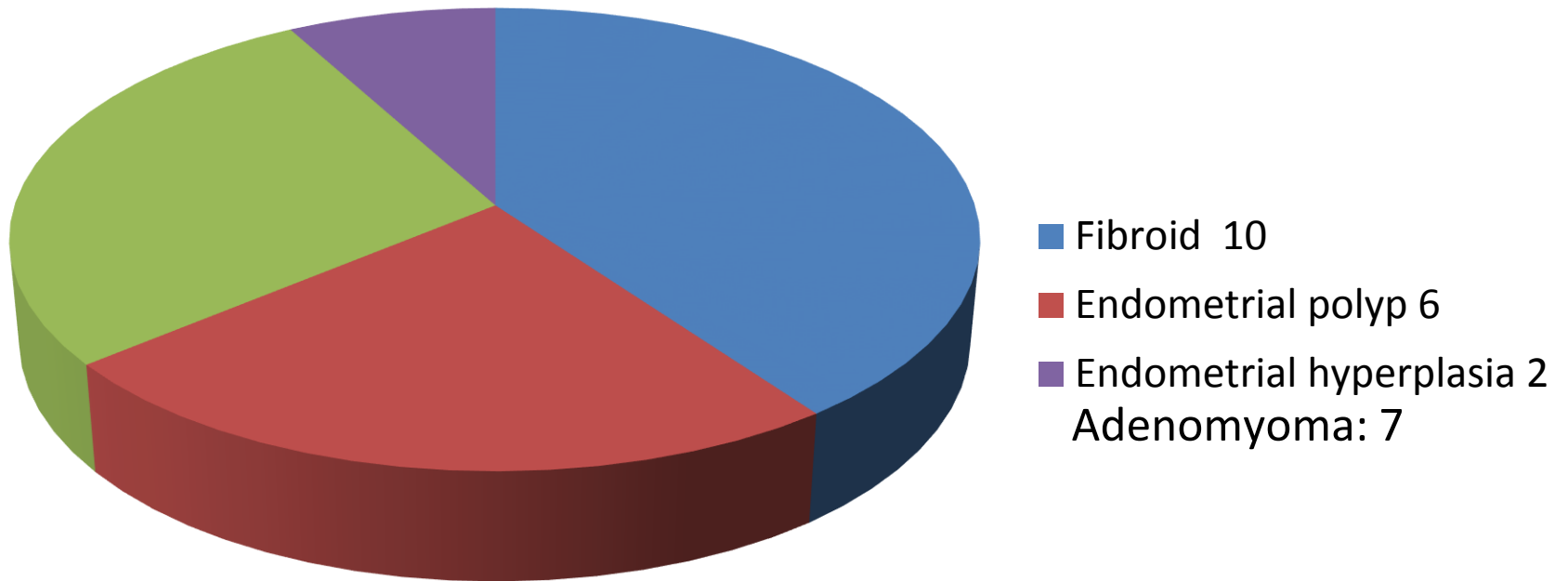
Hysteroscopy findings

Visual diagnosis



Histopathology

Histopathology



Side effects after procedure

- Dysmenorrhoea for 1 cycle after procedure: 4
- Menorrhagia for 1 cycle after procedure: 4
- Watery discharge after procedure: 3

Relief of abnormal bleeding after 1 year

- 23 patients: good.
- 1 patient: Lost for follow up
- 1 Patient: Recurrence of adenomyoma

Patient satisfaction after 1 year

- 20 patients: Good
- 1 patient : Lost for follow up
- 1 patient: Developed a fibroid subsequently and needed hysterectomy after 1 year
- 1 patient : Recurrence of adenomyoma after 1 month.
- 2 patients: No relief of Dysmenorrhoea. 1 had pelvic venous congestion on laparoscopy and the other had a retroverted uterus with adenomyosis.

Results

- Out of 25, 14 were diagnosed as submucous fibroids ,and 10 were diagnosed as endometrial polyps, but on histopathology, 7 of these were adenomyomas.
- 12 had irregular periods practically occurring throughout the month and 10 had heavy regular menstrual bleeding. 2 patients came with continuous spotting one came with post menopausal bleeding per vagina.
- Abnormal bleeding was cured in 24 patients, but patient satisfaction in 3 patients was not good after 1 year, as associated dysmenorrhoea was not cured due to concomitant dysmenorrhoea.

Conclusion

- Hysteroscopic surgery is a good procedure for the cure of abnormal uterine bleeding
- The first cycle after procedure in a minority may be heavy and painful as the endometrium formed in the previous cycle is being shed.
- Watery discharge may be present in a few patients.
- Patients with dysmenorrhoea in addition to abnormal uterine bleeding should be told that dysmenorrhoea may not be cured completely if there is concomitant adenomyosis.