

Endometrial Polip ve Submukoz Myomların Histeroskopik Tedavisi

Timur Gürgen, MD

Hacettepe Üniversitesi, Tıp Fakültesi, Kadın Hastalıkları ve Doğum ABD,
Üreme Tıbbi Ünitesi

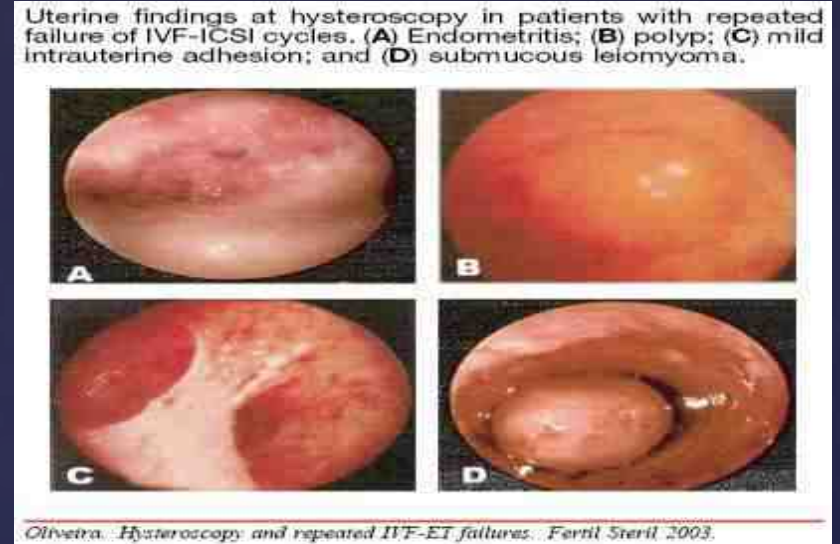
Gürgen Clinic Kadın Sağlığı, İnfertilite ve IVF Merkezi, Ankara

DIAGNOSTİK HİSTEROSKOPİ ENDİKASYONLARI

- Anormal uterin kanama
- Pelvik ağrı
- Preoperatif değerlendirme
- Rekürren gebelik kaybı
- Diğer tanı yöntemleri ile endometrial patoloji şüphesi
- Yer değiştirmiş RİA ya da yabancı cisim araştırması
- Servikal kanal lezyonlarının araştırılması
- **IVF'te ART öncesi uygulama**
- **İnfertilite**

İntrakaviter patolojiler embriyo implantasyonunu etkiliyor olabilir

- İntrauterin adezyon
- Submuköz myom
- Endometrial polip
- Uterin septum



- infertil kadınların % 15-60 kadarında bu lezyonlar bulunmaktadır

Taylor & Gomel et al., 2008

Office Hysteroscopy after Recurrent IVF/ICSI Failure

(Bozdağ G et al., RBM Online, 2008)

<i>Study</i>	<i>Design</i>	<i>n</i>	<i>No hysteroscopy group</i>	<i>Hysteroscopy group</i>	
				<i>Surgically corrected</i>	<i>Normal</i>
Schiano et al., 1999	Retrospective	73	N/A	22	N/A
Oliviera et al., 2003	Prospective observational	55	N/A	50*	20*
Demiröl and Gürgan, 2004	Randomized controlled trial	210	22**	30*	33*
Rama Raju et al., 2006	Randomized controlled trial	255	26**	37*	44*

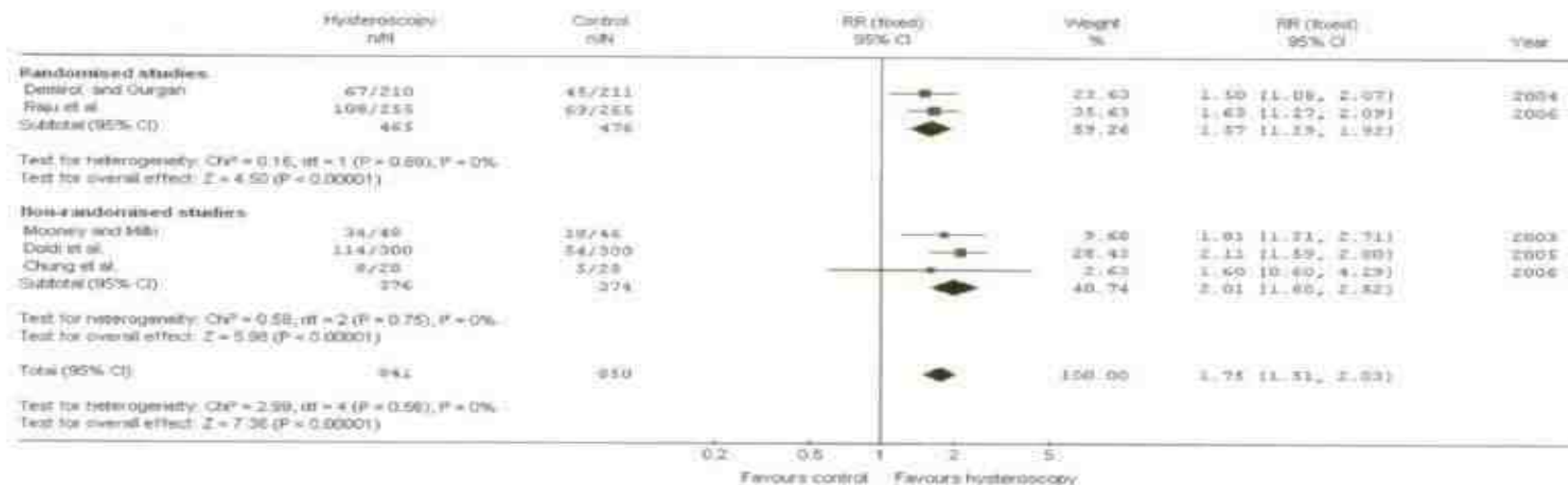


Figure 2. Summary of the outcome for the five studies included in the systematic review. CI = confidence interval, df = degrees of freedom, RR = relative risk.

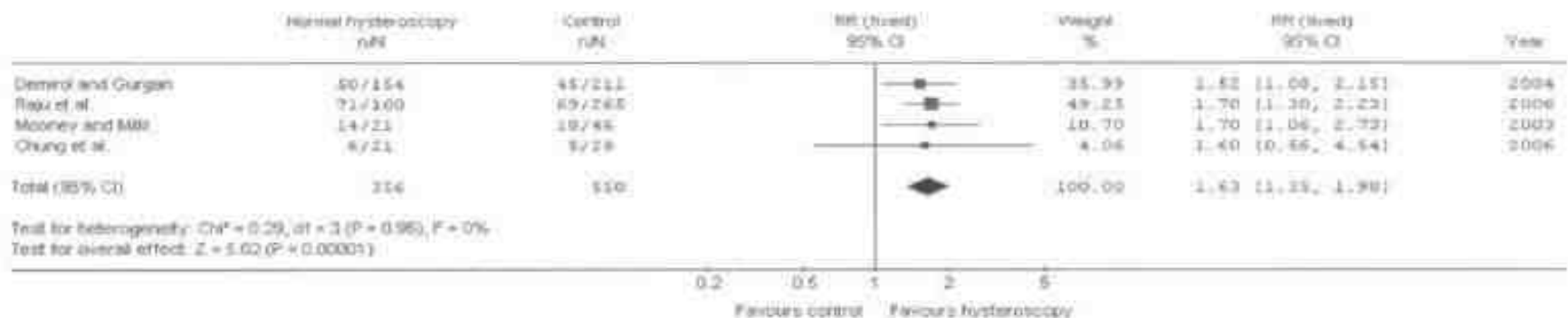


Figure 4. Summary of the outcome of four studies after excluding patients with abnormal hysteroscopy.

ENDOMETRIAL POLİP



- Genel populusyonda görölme sıklığı %25.
- 40-50 yaş arasında pik yapmakta

Anderson MC, 2002

Sherman ME, 2002

ENDOMETRIAL POLİP TANI

- HSG
- D&C
- Transvaginal USG ve/veya SHS
- **Histeroskopi**

ENDOMETRIAL POLİP TANISINDA HİSTEROSKOPI

- ⦿ Sensitivite %100
- ⦿ Spesifite %50-60

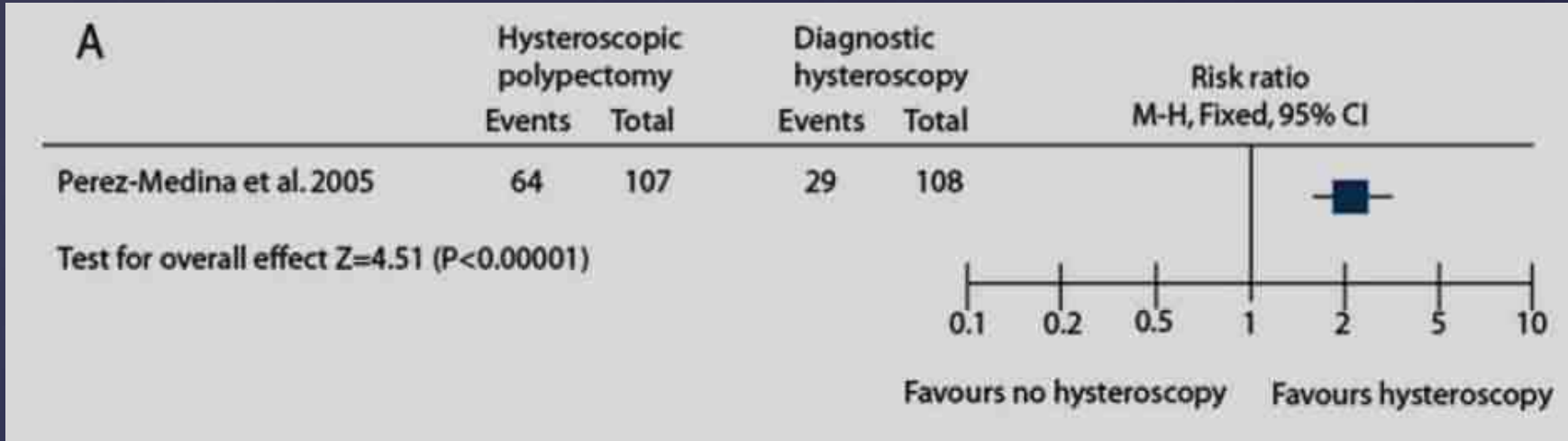


(Sutton C, 2006)

The effectiveness of hysteroscopy in improving pregnancy rates in subfertile women without other gynaecological symptoms: a systematic review

Jan Bosteels^{1,9}, Steven Weyers², Patrick Puttemans³,
Costas Panayotidis⁴, Bruno Van Herendael⁴, Victor Gomel⁵,
Ben W.J. Mol⁶, Chantal Mathieu⁷, and Thomas D'Hooghe⁸

Endometrial polip eksizyonunun gebelik sonuçlarına etkisi



Histeroskopik polipektomi yapılan grupta diagnostik histeroskopi yapılanlara göre anlamlı olarak artmış spontan ve IUI gebelik sonuçları saptanmış. (RR:2.3, %95 CI:1.6-3.2)

NNT:3

Perez-Medina et al.,2005(RCT)

Jan Bosteels et al, Human Reprod 2010, CI,in Review

Article

Endometrial polyps smaller than 1.5 cm do not affect ICSI outcome



Dr Isikoglu obtained his medical degree in 1994 from Gulhane Medical School in Ankara, Turkey, and received obstetrics and gynaecology specialty training between 1996–2002 at Istanbul Medical Faculty. His current position is consultant IVF practitioner in Antalya IVF, Antalya, Turkey. He was on the scientific committee of World Association of Reproductive Medicine (WARM). He has more than 50 international and national publications, including presentations and textbook chapters. He is especially interested in endoscopic surgery.

Dr M Isikoglu

M Isikoglu^{1,3}, M Berkkanoglu¹, Z Senturk¹, K Coetzee², K Ozgur¹

¹Antalya IVF, Antalya, Turkey; ²Fertility Associates, Wellington, New Zealand

³Correspondence: Antalya IVF, Halide Edip Cad. No. 7, 07080 Antalya, Turkey. Tel: +90 554 2149493; Fax: +90 242 3454747; e-mail: misikoglu@hotmail.com

Table 4. Main outcome variables for the three groups of patients.

<i>Parameter</i>	<i>Group I^a</i>	<i>Group II^a</i>	<i>Group III^a</i>
Implantation rate [%]	26.4	17.6	17.9
Clinical pregnancy/ embryo transfer (%)	8 (53.3)	18 (45.0)	325 (40.1)

*Chi-squared test showed no statistically significant differences between groups.

^aFor description of the groups, see Materials and methods.

 Wondershare™

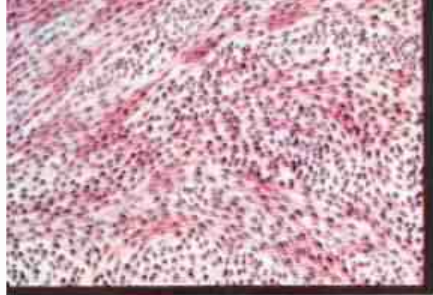
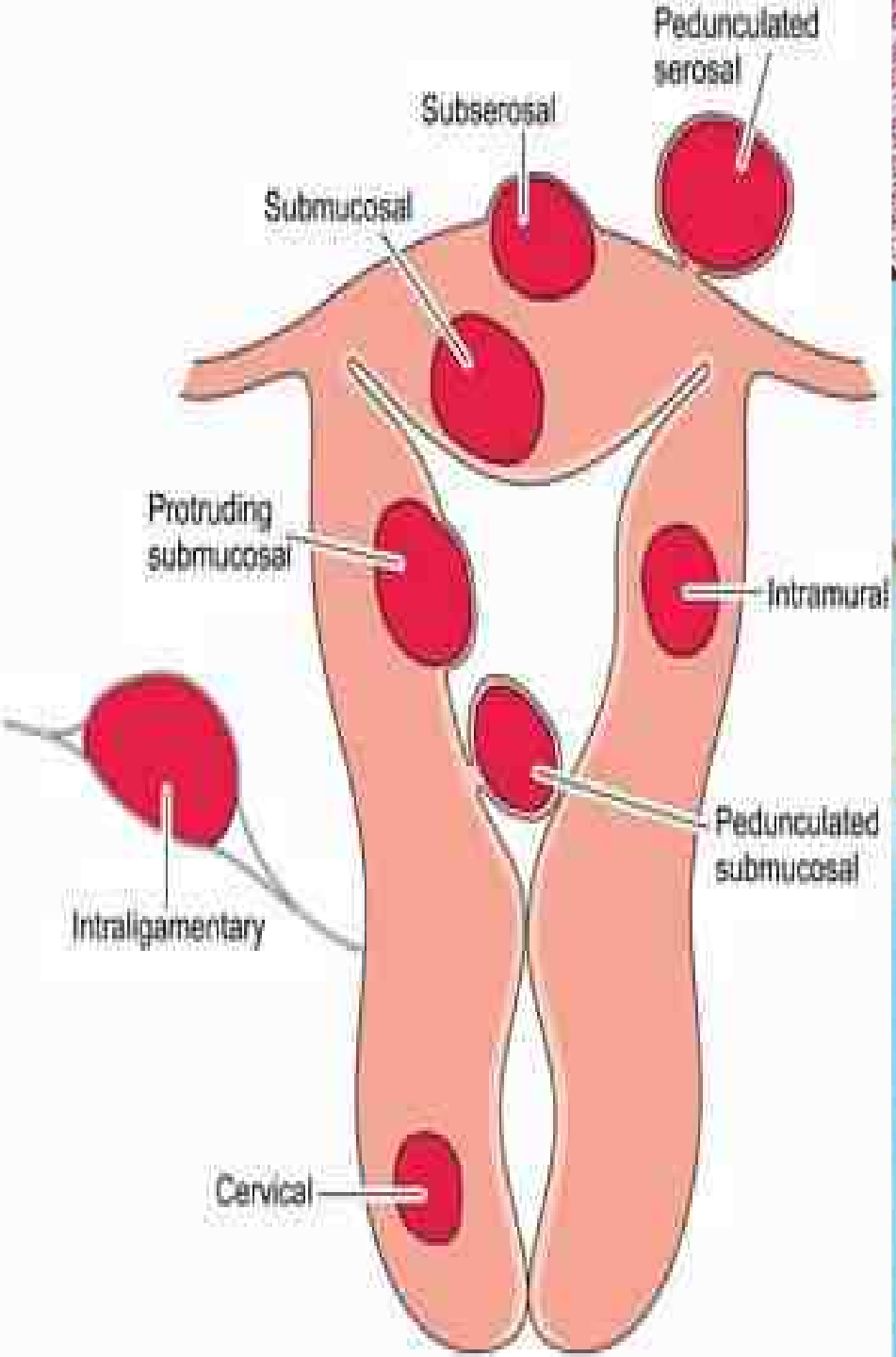


 Wondershare™

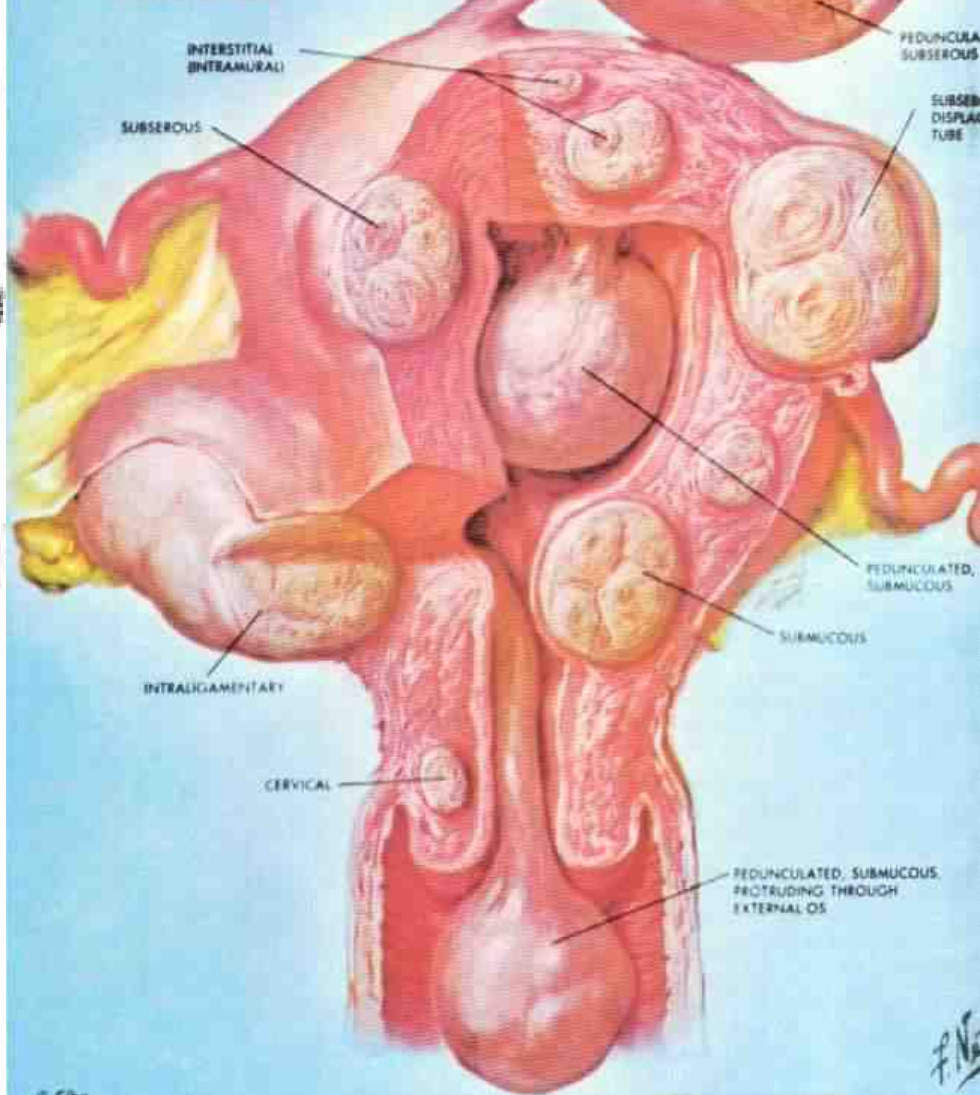


 Wondershare™





HISTOLOGY OF FIBROID



SUBMUKOZ MYOM KLİNİK

- 1 -Menoraji ve anemi**
- 2 -İnfertilite**
- 3 -Tekrarlayan gebelik kaybı**
- 4 -Prematürite**
- 5 -Dismenore**

Klasifikasyon

Type 0: fibroid polyp.

Type I: <50% contained within the myometrium.

Type II: >50% contained within the myometrium.

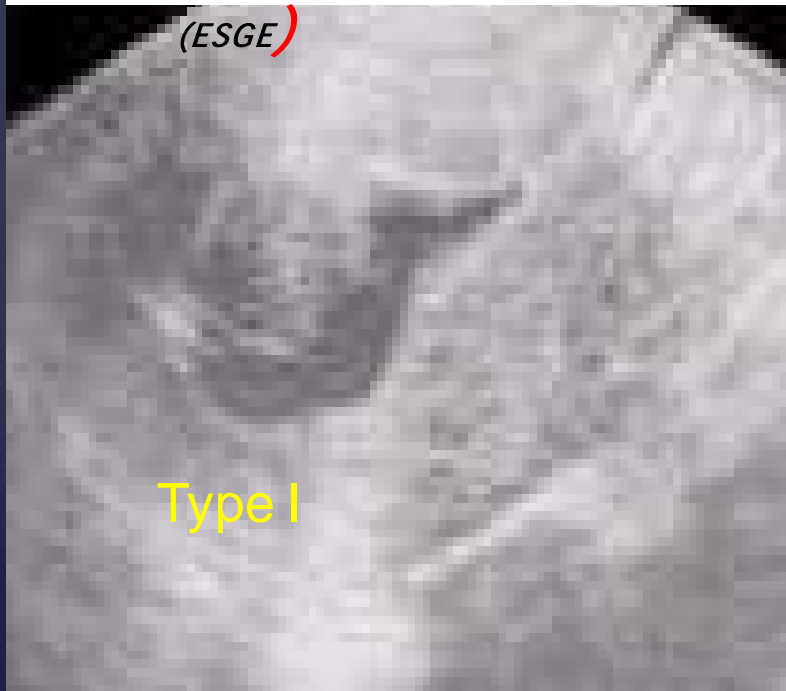
*European Society for
Gynaecological Endoscopy*

(ESGE)

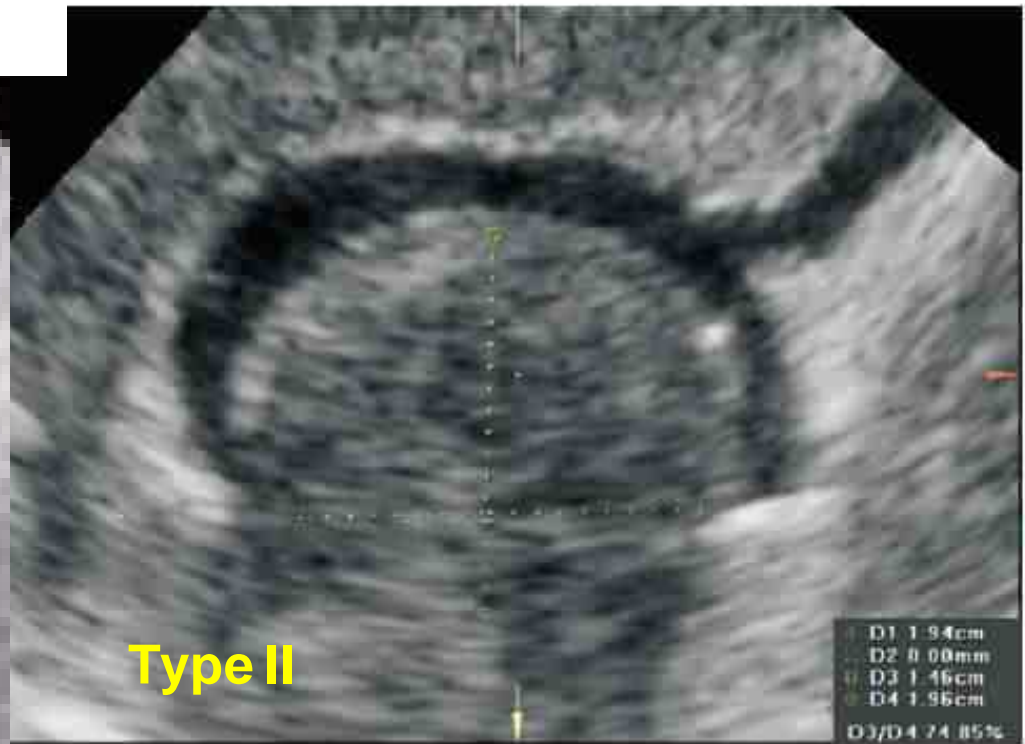
Type 0



Type I



Type II



D1	1.94cm
D2	0.00mm
D3	1.46cm
D4	1.96cm
D3/D4	74.85%

SUBMUKOZ MYOM TANI

1-Anamnez

Klinik

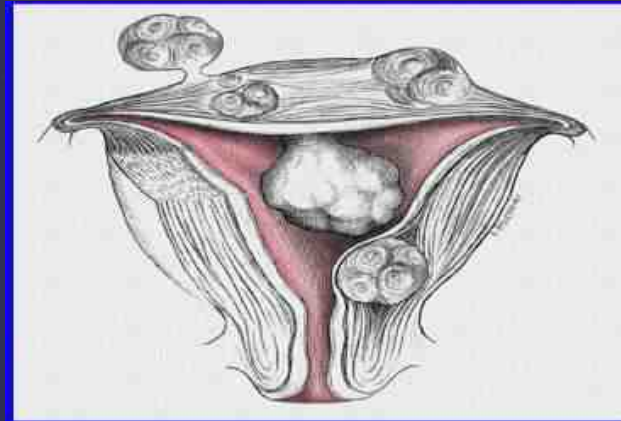
2-USG

3-HSG

4-SHG

5-MRI

6-H/S



Uterine Myomas

- 1. Myomas not distorting the cavity**
- 2. Myomas distorting cavity**

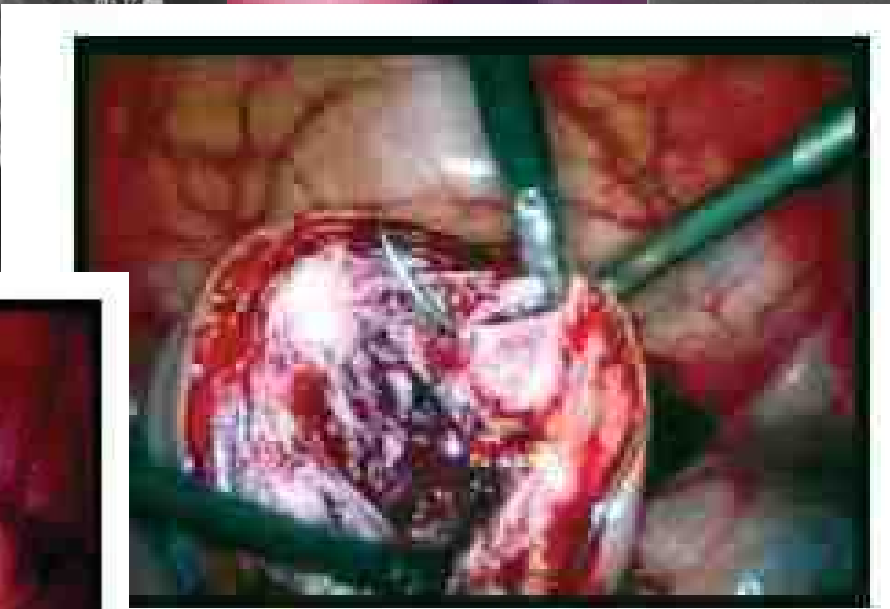


Figure 2. After single-layer closure of myometrium.

1. Suturing the cut edges after myomectomy.

HYSTEROSCOPIC MYOMECTOMY

- ✓ Hysteroscopic resection of submucous myomas is now well established and is the preferred approach

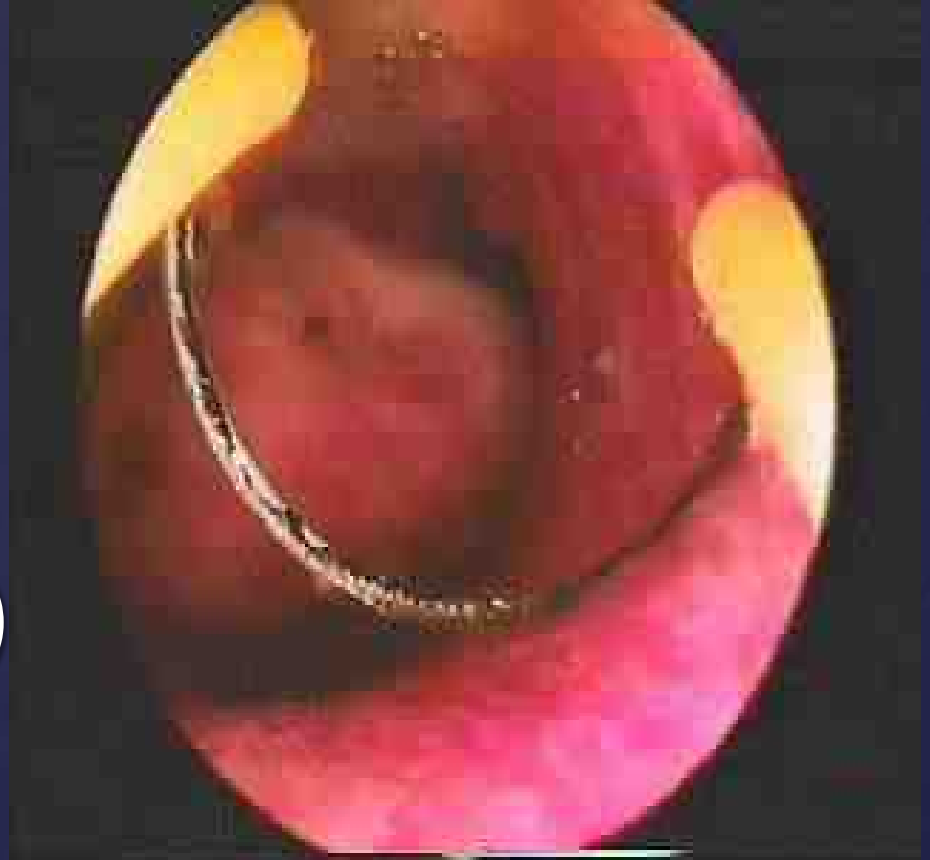


H/S MYOMEKTOMİ- TEKNİK

- 👉 H/S makaslar
- 👉 Myoma rezektoskop
- 👉 Nd:YAG lazer
- 👉 Monopolar elektrokoter
- 👉 Elektrocerrahi vaporizasyon

H/S Myomektomi / teknik

- & GnRH-a ?
- & 0-12 teleskop
- & Cutting loop(150w)



Preoperatif GnRH-a

- & Hb ve Htc ↑
- & Uterin volume(30-50%) ↓
- & Endometrial thickness ↓
- & Intraoperative visibility ↑
- & Myoma volume ↓
- & Intraoperative bleeding ↓
- & Operating time ↓
- & Fluid intravasations ↓

Preop. GnRH-a



> 4 cm myom

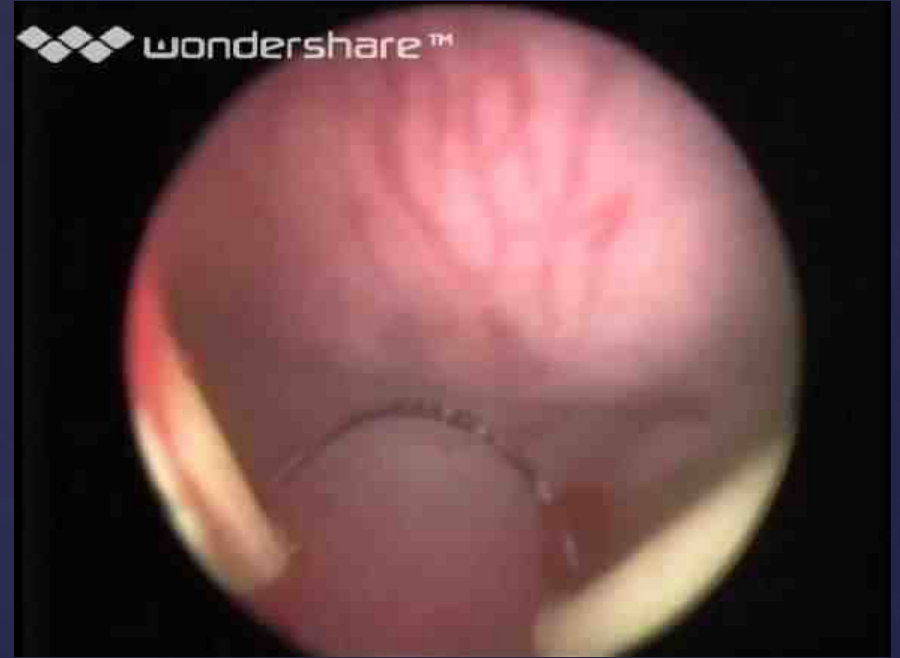


Şiddetli anemi

3 ay (mid-luteal) tedavi

H/S Myomektomi / teknik

- ⌘ sivi monitorizasyonu (1,5 lt)
- ⌘ Post op 2 . ay TVS
- ⌘ Recurrens follow-up TVS
2 /yıl



H/S Myomektomi / teknik

- 👉 H/S makas
- 👉 Myom resektoskop
- 👉 Nd:YAG lazer
- 👉 Monopolar elektrokoter
- 👉 Elektro cerrahi vaporizasyon

H/S Myomectomy

Advanced intramural part of submucosal myoma, “one-or two step surgery required”

The surgeon's skill and experience and the material and techniques used surely play a role



Myomas distorting cavity

■ PR \Rightarrow 0.32

■ IR \Rightarrow 0.28

■ DR \Rightarrow 0.75



Myomectomy \Rightarrow Increased pregnancy rate

The uterus and fertility

Elizabeth Taylor, M.D., and Victor GomeI, M.D.

Department of Obstetrics and Gynecology, University of British Columbia, BC Women's Hospital and Women's Health Centre, Vancouver, British Columbia, Canada

Objective: To review the current understanding of the role the uterus plays in embryo implantation and to outline congenital anomalies and acquired diseases that impact normal uterine function.

Design: The publications related to the embryo implantation, Mullerian anomalies, uterine polyps, uterine synechiae, and myomas were identified through Medline and reviewed.

Conclusion(s): Congenital anomalies and acquired diseases of the uterus may negatively impact on the complex processes of embryo implantation. Hysteroscopic surgery to correct uterine septa, intrauterine synechiae, and myomas that distort the uterine cavity may benefit women with infertility or recurrent pregnancy loss. The effect of endometrial polyps on fertility is uncertain, but their removal, once identified, is justifiable. Complex congenital anomalies such as unicornuate uterus and uterus didelphys may negatively affect fertility and pregnancy outcome, and surgical treatment may benefit select patients. (*Fertil Steril*® 2008;89:1–16. ©2008 by American Society for Reproductive Medicine.)

Key Words: Uterus, implantation, infertility, Mullerian anomalies, endometrial polyps, intrauterine adhesions, uterine leiomyoma

Submukoz ve kaviteye bası yapan intramural myomların histeroskopik rezeksiyonu klinik gebelik oranını artırmaktadır. *Tarek Shakeir et al. Arch Gynecol Obstet 2005*

Myomun çapı ile tedavi başarısı arasında pozitif korelasyon bulunmaktadır. *Fernandez et al. Hum Reprod 2001*

HİSTEROSKOPIK MYOMEKTOMİ

TABLE 3

Effect of fibroids on fertility: submucous fibroids.

Outcome	Number of studies/ substudies	Relative risk	95% confidence interval	Significance
Clinical pregnancy rate	4	0.363	0.179–0.737	$P=.005$
Implantation rate	2	0.283	0.123–0.649	$P=.003$
Ongoing pregnancy/live birth rate	2	0.318	0.119–0.850	$P<.001$
Spontaneous abortion rate	2	1.678	1.373–2.051	$P=.022$
Preterm delivery rate	0	–	–	–

Pritts. Fibroids and infertility. Fertil Steril 2009.

Submukoz myomlar implantasyon oranı klinik gebelik oranı ve canlı doğum oranında anlamlı olarak azalma ve spontan abort oranında anlamlı artış ile ilişkilidir.

Fibroids and infertility: an updated systematic review of the evidence

Elizabeth A. Pritts, M.D.,^a William H. Parker, M.D.,^b and David L. Olive, M.D.^a

^a Wisconsin Fertility Institute, Middleton, Wisconsin; and ^b Department of Obstetrics and Gynecology, University of California, Los Angeles, California

- **myomları olan hastalarda rutin myomektomiye destekleyen kanıtlar yoktur.**
- **Kaviteye bası yapan subNormal kaviteyle karşılaştırıldığında endometrial kaviteye bası yapan submukosal ve intramural myomlarda implantasyon ve gebelik oranlarının azalmıştır.**
- **Uterin kaviteye bası yapmayan küçük intramural ve subserozal leiomyomların infertiliteye etkisi tartışmalıdır.**
- **Küçük intramural mukozal ve intramural myomlar için IVF öncesi myomektomi yapılmalıdır.**

Elizabeth A et al . Fertil Steril 2009

Submucous myomas and their implications in the pregnancy rates of patients with otherwise unexplained primary infertility undergoing hysteroscopic myomectomy: a randomized matched control study

Tarek Shokeir, M.D., Muhammed El-Shafei, M.D., Hamed Yousef, M.D., Abdel-Fattah Allam, M.D., and Ehab Sadek, M.D.

Department of Obstetrics and Gynecology, Fertility Care Unit, Mansoura University Hospital, Mansoura Faculty of Medicine, Mansoura, Egypt

TABLE 2

Pregnancy rates according to the characteristics of submucous myomas.

Myoma characteristic	Pregnancy rates		P value
	Myomectomy Study (n = 101)	No myomectomy Control (n = 103)	
Size (mm), %			NS
<5	68.0	69.6	
5-10	56.2	53.3	
11-20	61.5	58.3	
>20	61.1	61.5	
Number, %			NS
1	44.4	40.9	
≥2	36.4	30.0	NS
Type, %			
0	57.9	33.3	<0.001
I	35.7	17.2	<0.001
II	31.3	29.0	NS
Location, %			NS
Fundal	50.0	53.8	
Lower uterine segment	41.5	42.1	

Note: NS = not significant.

Shokeir. Hysteroscopic myomectomy in unexplained infertility. *Fertil Steril* 2010.

Myomektomi sonrası gebelik oranında anlamlı artış saptanmış (%63.4 vs %28.2) Boyut, sayı ve lokalizasyon açısından fark yok
Tip 0 ile tip 1 arasında anlamlı fark bulunmuş /(%57.9 vs %35.7)

H/S Myomectomy and Reproductive Results

<u>Referance</u>	<u>(n)</u>	<u>pregnancy(n)</u>	<u>pregnancy rate%</u>	<u>birth rate%</u>
Donnez 1990	24	16	67	67
Valle 1990	16	10	62	50
Corson/Brooks 1991	13	10	77	61
Hucke 1992	14	4	28,7	—
Goldenberg 1995	15	7	47	40
Preutthipan 1998	12	2	16,7	—
Giatras 1999	41	25	60,9	48,7
Varastah 1999	36	19	52,7	36,1
Vercellini 1999	40	15	37,5	32,5
Fernandez 2001	59	16	27,1	10,0

Miyom ve ART Başarısı

- ⌘ Adet düzeni/ Kanama paternii
- ⌘ Yerleşim
- ⌘ Sayı
- ⌘ Büyüklük
- ⌘ Hasta hikayesi (surgery,miscarriage,premature labor etc.)
- ⌘ Yaş
- ⌘ Erkek faktorü
- ⌘ Önceki IVF/ICSI sayısı



