

Hysteroscopic Treatment of Intrauterine Adhesions

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Symptoms

- Amenorrhea / hypomenorrhea
- Dysmenorrhea
- Infertility
- Miscarriage
- **Asymptomatic**

Risk factors

- Overzealous (?) curettage.
- Postpartum curettage.
- Septum resection.
- H/S myomectomy, esp. opposing myomas.
- Breaching endometrial cavity during pelvic surgery.
- Infections.

Preoperative evaluation

- Assess the symptom(s)
- Determine the extent of adhesions
- Make a surgical plan, you need a road map!
- Selection of equipment and post-op adjuvant.
- Inform the patient properly, e.g. number of procedures, postoperative expectations, possible complications.

Diagnosis

ULTRASOUND
SIS & 3D



HSG



H/S

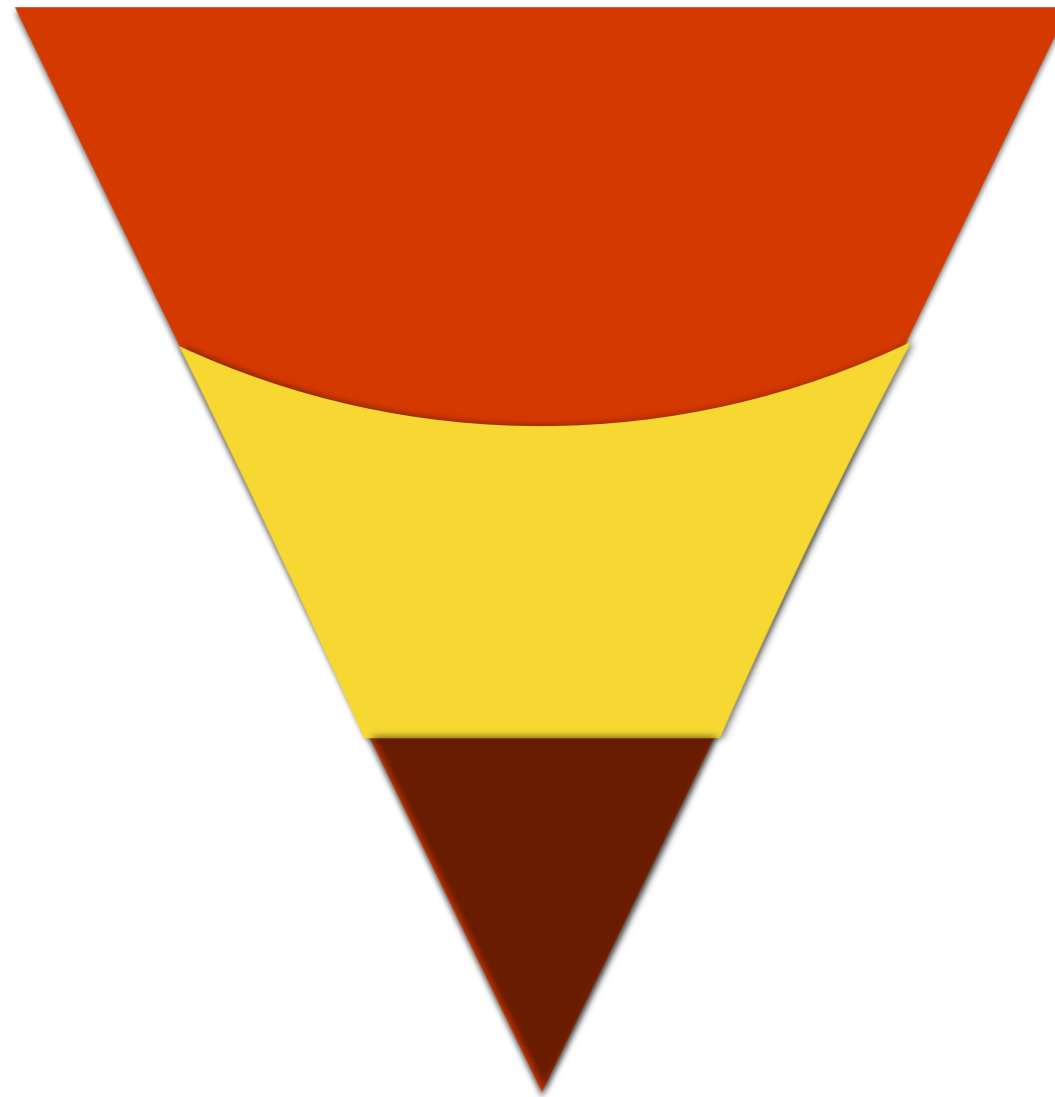


AFS Classification - one of many

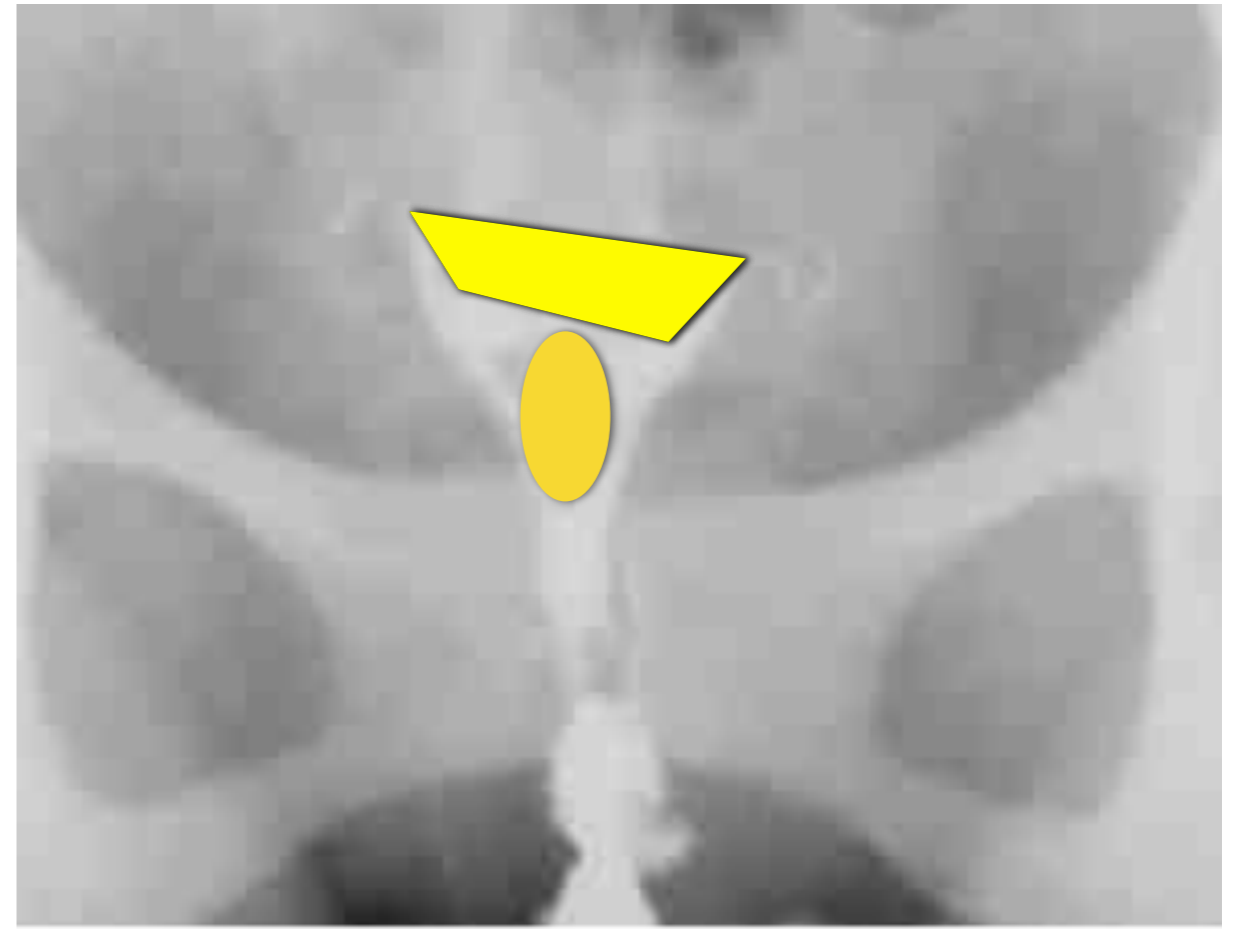
	<1/3	1/3 - 2/3	>2/3
Extent of cavity involved	1	2	4
Type of adhesions	Filmy	Filmy and Dense	Dense
	1	2	4
Menstrual pattern	Normal	Hypomenorrhea	Amenorrhea
	0	2	4

Mild	1 - 4
Moderate	5 - 8
Severe	9 - 12

Prognosis of Intrauterine Adhesions



Prognosis of Intrauterine Adhesions



Diagnosis

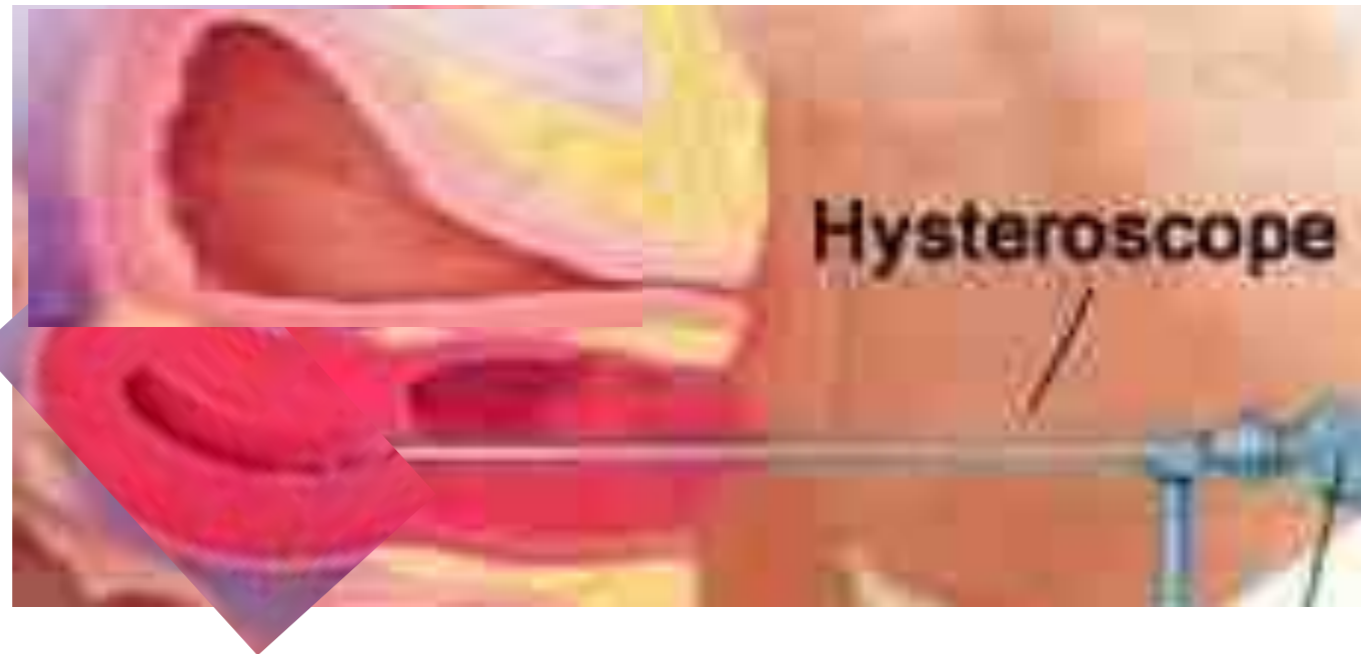


Celik et al. Eur J Ob Gyn Reprod Biol 2014;180:89

Diagnosis



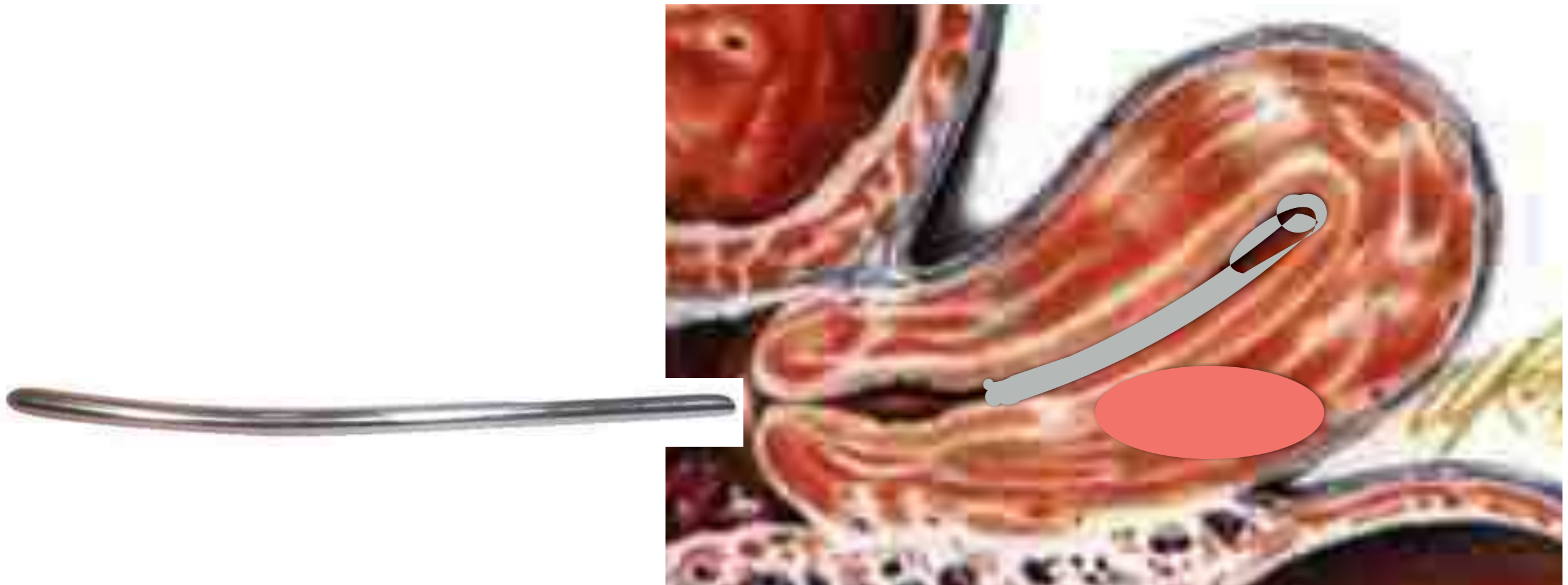
Treatment: See & Treat



Q1: Office H/S or Resectoscope?



Resectoscope



Q2: Choice of Guidance

Ultrasound Obstet Gynecol 2012; 39: 715–718

Published online in Wiley Online Library (wileyonlinelibrary.com). DOI: 10.1002/uog.11072

Ultrasound is the optimal choice for guidance in difficult hysteroscopy

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GUIDANCE	PERFORATION
NO GUIDANCE	5.3%
LAPAROSCOPY	8.7%*
ULTRASOUND	1.9%**

Real time TA US Guidance



Surgical Plan

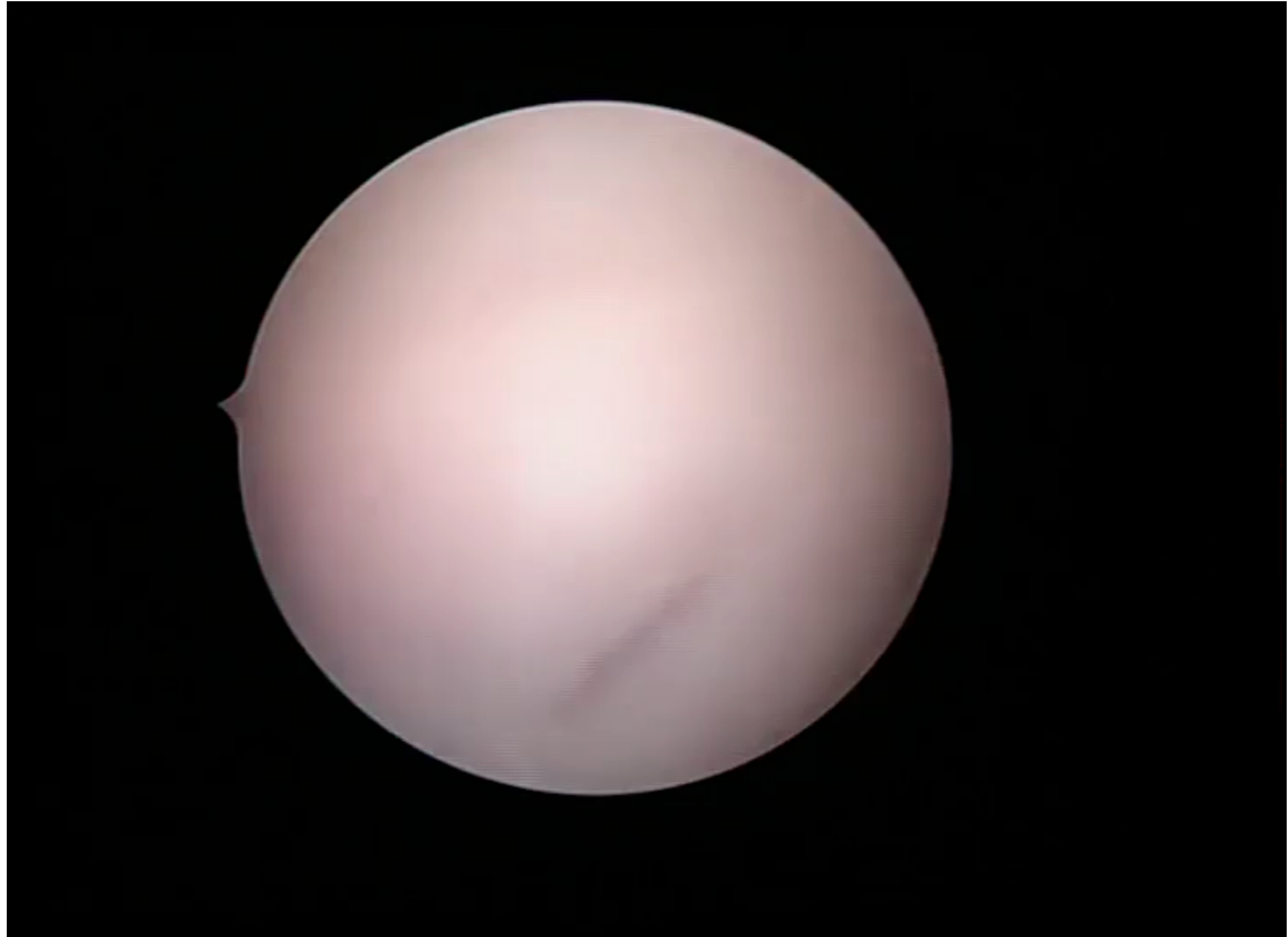




Barış ATA, AFS 8 - 10



Bariş ATA, Y.K. AFS 10, 1st session.

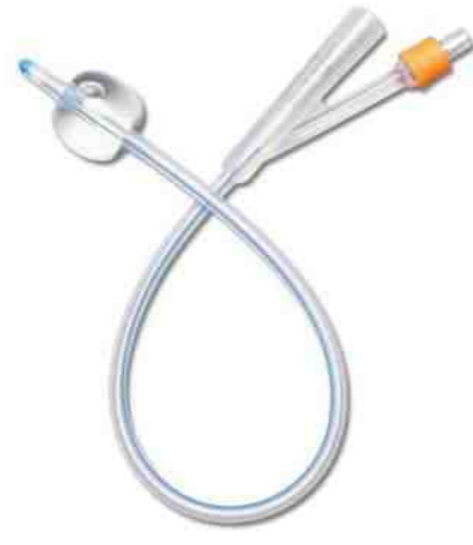


Y.K. 2nd session.



Bülent URMAN, AFS 10

Balloon/IUD



- IUD + HT vs HT alone, no difference.

Sanfilippo J Reprod Med 1982:27;328

- Foley vs IUD, Foley better.

Orhue et al. Int J Gynecol Obstet 2003:82;49

- Balloon vs IUD, Similar.

Lin et al. Fertil Steril 2015:104;235

Hyaluronic acid gel

4.1.4 Adhesions						
Acunzo 2003	6	43	13	41	16.0%	0.44 [0.18, 1.05]
Subtotal (95% CI)		43		41	16.0%	0.44 [0.18, 1.05]
Total events	6		13			
Heterogeneity: Not applicable						
Test for overall effect: Z = 1.85 (P = 0.06)						

Study or Subgroup	Any gel		No gel		Weight	Risk Ratio M-H, Random, 95% CI	Risk Ratio M-H, Random, 95% CI
	Events	Total	Events	Total			
4.1.1 Myomas							
Di Spiezio Sardo 2011	1	16	3	15	2.7%	0.31 [0.04, 2.68]	
Guida 2004	4	25	8	24	10.9%	0.48 [0.17, 1.39]	
Subtotal (95% CI)		41		39	13.7%	0.44 [0.17, 1.14]	
Total events	5		11				
Heterogeneity: Tau ² = 0.00; Chi ² = 0.12, df = 1 (P = 0.72); I ² = 0%							
Test for overall effect: Z = 1.68 (P = 0.09)							
4.1.2 Polyps							
Di Spiezio Sardo 2011	0	22	0	20		Not estimable	
Guida 2004	2	34	6	33	5.4%	0.32 [0.07, 1.49]	
Subtotal (95% CI)		56		53	5.4%	0.32 [0.07, 1.49]	
Total events	2		6				
Heterogeneity: Not applicable							
Test for overall effect: Z = 1.45 (P = 0.15)							

4.1.5 Retained products of conception						
Pansky 2011	10	15	11	15	47.1%	0.91 [0.57, 1.45]
Subtotal (95% CI)		15		15	47.1%	0.91 [0.57, 1.45]
Total events	10		11			
Heterogeneity: Not applicable						
Test for overall effect: Z = 0.40 (P = 0.69)						
4.1.6 Not specified						
De Iaco 2003	5	18	7	22	13.1%	0.87 [0.33, 2.29]
Subtotal (95% CI)		18		22	13.1%	0.87 [0.33, 2.29]
Total events	5		7			
Heterogeneity: Not applicable						
Test for overall effect: Z = 0.28 (P = 0.78)						
Total (95% CI)		187		185	100.0%	0.65 [0.45, 0.93]
Total events	29		54			
Heterogeneity: Tau ² = 0.01; Chi ² = 7.31, df = 7 (P = 0.40); I ² = 4%						
Test for overall effect: Z = 2.35 (P = 0.02)						
Test for subgroup differences: Chi ² = 5.69, df = 5 (P = 0.34), I ² = 12.2%						

4.1.3 Septa						
Di Spiezio Sardo 2011	0	6	3	7	1.6%	0.16 [0.01, 2.64]
Guida 2004	1	8	3	8	3.1%	0.33 [0.04, 2.56]
Subtotal (95% CI)		14		15	4.7%	0.26 [0.05, 1.35]
Total events	1		6			
Heterogeneity: Tau ² = 0.00; Chi ² = 0.17, df = 1 (P = 0.68); I ² = 0%						
Test for overall effect: Z = 1.61 (P = 0.11)						

estrogen

Review Article

Efficacy of Estrogen Therapy in Patients With Intrauterine Adhesions: Systematic Review

Jolinda Johary, MD, Min Xue, MD, PhD, Xiaogang Zhu, MD, Dabao Xu, MD, PhD*, and Prasad Palani Velu, MD

From the Department of Gynecology, Third Xiangya Hospital, Central South University, Changsha City, Hunan Province, China (Drs. Johary, Xue, Zhu, and Xu), and The Systematic Review Unit, Collaborative Research (CORE) Group, Sydney, Australia (Dr. Velu).

- Estrogen seems beneficial, yet no standard dosage and duration.

Journal of Minimally Invasive Gynecology, Vol 21, No 1, January/February 2014

Conclusions

- Preoperative mapping, 3D transvaginal U/S ± SIS
- Office hysteroscope with TA US guidance
- Consider HA or Foley (antibiotic ?)
- Estrogen for >21 days
- Reassessment after period (repeat office HS?)
- 33% complete restoration, 50% spontaneous pregnancy



*Hayatta en hakiki mürşit ilimdir, fenndir.
İlim ve fennin dışında mürşit aramak
gaflettir, dalalettir.*

K. Atatürk