

the patients exhibited fluid deficit greater than 1000 ml during hysteroscopic surgery, no patient developed fluid overload and/or electrolyte imbalances.

Conclusion: This new single surgical drape effectively decreases the loss of perfusion media output during operative hysteroscopy. This equipment makes real-time monitoring of fluid deficit possible during the operation, which will contribute safer hysteroscopic surgery.

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Single Session Treatment of a Rare Septate Uterus with Endometrial Polypsis

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Study Objective: To show that metroplasty and polypectomys can be performed in a single session in a rare septate uterus with endometrial polyps.

Design: Case report.

Setting: Private clinical affiliated with a University.

Patients: A 29 years old infertile female patient with both septate uterus and endometrial polyps simultaneously.

Intervention: Hysterosalpingography reveal a double uterus. Laparoscopy prior to hysteroscopy was performed and showed wide uterine fundal contour. Hysteroscopic showed septate uterus in all the cavity and polyps all over both uterine cavities. Metroplasty (septoplasty) was performed and resection of all polyps in the same surgical session.

Measurements and Main Results: Surgical procedure time was 45 min. Patient was discharged the same day after 6 hours of an observation period. No complications were recorded during or after surgery. After 3 months of surgical treatment hysterosalpingography revealed a normal uterus. Pregnancy was achieved spontaneously by the sixth month after surgery.

Conclusion: A rare septate uterus with simultaneously endometrial polypsis can be treated surgical with the resectoscope in a single session, improving fertility.

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Treatment of Severe Asherman Syndrome by Hysteroscopy

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Study Objective: To evaluate the success of hysteroscopic treatment of women with severe Asherman syndrome.

Design: Case series.

Setting: University hospital.

Patients: Seven women diagnosed with severe Asherman syndrome stage 4.

Intervention: Treatment by hysteroscopy under laparoscopic guidance using monopolar energy.

Measurements and Main Results: The mean age was 30.2 years and the mean parity was 4. Six women had at least one cesarean section and four women also had at least one dilatation and curettage before. One woman had five dilatation and curettage before. They presented with amenorrhea and infertility. Investigations showed normal semen analysis, normal hormonal profile and completely obliterated uterine cavity by hysterosalpingography. Prophylactic single dose antibiotic was given to all women. Intrauterine contraceptive device was inserted in two women. Postoperative hormonal therapy was given to all women. The procedure was done in all women without complications except one uterine perforation during cervical dilatation. All women resumed menstruation after the procedure. Three women had to repeat the procedure to maintain menses. Mean duration of follow-up is 4 years. Only one woman got

pregnant but aborted at 20 weeks gestation. This was complicated by retained products of conception requiring evacuation.

Conclusion: Hysteroscopic treatment of severe Asherman syndrome is effective in restoring menses but not pregnancy.

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Hysteroscopic Evaluation of the Postmenopausal Woman with Uterine Bleeding and Endometrial Thickness

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Study Objective: In our study, we compared the results of the hysteroscopy and dilatation and curettage (D&C) of the postmenopausal patients with uterine bleeding and endometrial thickness.

Design: Prospective study.

Setting: University tertiary medical center.

Patients: 136 postmenopausal patients with symptoms of the uterine bleeding and endometrial thickness.

Intervention: After hysteroscopy, D&C was performed to all patients. If the intracavitary pathology could not be removed with D&C, hysteroscopy was performed again and intracavitary pathology was removed with hysteroscopy.

Measurements and Main Results: The accurate results of the endometrial sampling were determined with histopathologic evaluation and these results are compared with hysteroscopy. The hysteroscopy revealed normal cavity in 74 patients (54%) and intracavitary pathology (polyp, hyperplasia, malignancy, endometritis) in 62 (46%) patients. 72 (97%) of 74 patients with normal cavity (atrophic endometrium, functional endometrium) on hysteroscopy were confirmed by histopathologic evaluation. The histopathologic results of the remaining 2 patients were endometrial hyperplasia and endometritis. 43 (69%) of 62 patients with intracavitary pathology on hysteroscopy were confirmed by histopathologic evaluation. The sensitivity, specificity, positive and negative predictive values for detection of intracavitary pathology by hysteroscopy were 95.9%, 82%, 75.8%, 97.2%, respectively. These values for detection of polyps and hyperplasia by hysteroscopy were 100%, 94.4%, 81.8%, 100% and 93.3%, 89.2%, 51.8%, 99%, respectively.

Conclusion: The determined rate of the intracavitary pathology using the hysteroscopy was high, especially for polyps. Sometimes, the diagnosis of the hyperplasia and malignancy could be overlooked with hysteroscopy. Therefore, D&C must be performed not to miss the focal malignancy in patients.

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Operative Hysteroscopy for Asymptomatic Postmenopausal Women with Endometrial Polyp

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Study Objective: To assess the necessity of operative hysteroscopy for asymptomatic postmenopausal women with endometrial polyp.

Design: Retrospective analysis of 58 consecutive cases of postmenopausal women with endometrial polyp.

Setting: Urban gynecologic center and teaching hospital.

Patients: Fifty eight postmenopausal women with endometrial polyp.

Intervention: Hysteroscopic polypectomy and endometrial biopsy.

Measurements and Main Results: Of the 58 patients, forty women had postmenopausal bleeding as a complain and of whom 10.0% had a pre-malignant histology and 7.5% had an endometrial malignancy. On the other hand, eighteen patients had no vaginal bleeding and though, a pre-malignant histology was found in 11.1% of whom. No malignancy was found in the last group.