

Table 2

Comparison of the mean resistances of the cervix for each dilator, measured by the force needed to pass through the cervical canal

Dilator's diameter	Force needed to dilate the cervix (Newtons)		
	Misoprostol (n = 41)	Placebo (n = 50)	p
3 mm	1.7 ± 1.7	1.8 ± 2.1	0.82
4 mm	2.6 ± 3.5	3.0 ± 4.5	0.86
5 mm	4.3 ± 6.0	4.0 ± 3.1	0.21
6 mm	5.0 ± 4.2	7.5 ± 5.9	0.02

Data are presented as mean ± standard deviation. Ten files with missing data.

The main side effect reported was pelvic cramping.

Conclusion: The use of 400 µg vaginal misoprostol 12 to 24 hours before hysteroscopy reduces the pain and the force needed for dilatation of the cervix, with only mild side effects.

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Tuboovarian Abscess after Hysteroscopy in a Patient with Preexisting Endometrioma

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Study Objective: Tuboovarian abscess after hysteroscopy is a rare complication, usually seen in patients with previous history of sexually transmitted disease. We present a patient who developed tuboovarian abscess after hysteroscopy with no prior history of pelvic infection. The patient had known large endometrioma prior to the procedure. To our knowledge, this complication has not been reported before in patients with endometrioma and no history of sexually transmitted disease.

Design: Case report.

Setting: Teaching Hospital.

Conclusion: We suggest administering antibiotic prophylaxis to patients undergoing hysteroscopy with known endometrioma.

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Asherma's Syndrome with Cervical Adhesions Treated Hysteroscopically

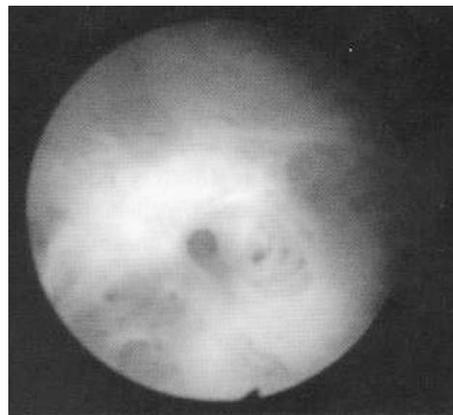
Zapardiel I, DelaFuente-Valero J, Salazar FJ, Bueno B, Perez-Medina T. Obstetrics and Gynecology, Santa Cristina University Hospital, Madrid, Spain

Study Objective:

Setting: Asherma's syndrome is defined as the presence of permanent intrauterine adhesions which collapse the endometrial cavity, because of a traumatic aggression to the endometrial surface, and infrequently, it also affects the cervical region. It can cause menstrual disorders, abortion and infertility. The hysteroscopy has been an advance for the management of this syndrome and we can consider it the best technique for the diagnosis and treatment of Asherma's syndrome although we can consider other options in the treatment of the disease.

Intervention: We report a case of Asherma's syndrome with cervical occlusion, solved by means of hysteroscopy guided by abdominal sonography.

We have also done a review of the medical literature related to the syndrome, giving the current situation concerning the diagnosis, treatment and prognosis of this disorder.



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Investigation of Prevention of Adhesion of Post-Operation of Transcervical Resection of Septa

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Study Objective: To investigate the efficacy of different treatments applied to infertility patients with uterine septa undergoing transcervical resection of septa to prevent the post-operation adhesion.

Design: 55 infertility patients with uterine septa underwent laparoscopy guidance transcervical resection of septa (TCRS), different treatments were given to the patients post-operation, including placement of IUD in uterus cavity or not, artificial cycle treatment, GnRH-a medication using post-operation, hysteroscopy examination was performed for the first and third month post surgery and IUD was taken out in the third month post surgery.

Measurements and Main Results: Total 54 cases completed hysteroscopy examination follow-up visits, of which 40 cases completed total two times of hysteroscopy in the first and third month, and 14 cases completed only once hysteroscopy examination. Whether or not placement of IUD had no effect on uterus cavity shape ($p > 0.05$). Compared to cases without using artificial cycle treatment post-operation, the endometrium was thicker in the cases with it post-operation. Both cases using and not using artificial cycle treatment were found to have endometrium covered in fundus under hysteroscopy in the third month post-operation. The satisfactory cavity shape was achieved on patient receiving GnRH-a medication.

Conclusion: Placement of IUD is not helpful in preventing the occurrence of post-operation adhesions. Individualized post-operation artificial cycle treatments should be applied to different patients and using GnRH-a medication should be in right direction. The hysteroscopy examination post-surgery should be given in time to prevent the new occurrence of adhesion in fundus post-operation.