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**Hysteroscopic Diagnosis in Patients with
Persistent Abnormal Uterine Bleeding after
Dilatation and Curettage**

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THESIS

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Master Degree in Obstetrics & Gynaecology

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ABSTRACT

Objective: The aim of this work is to evaluate the diagnostic value of hysteroscopy in cases with persistent abnormal uterine bleeding after dilatation and curettage.

Study design: The study was conducted on 100 women of different age groups attended to the outpatient clinics of gynecologic wards in Benha Faculty of Medicine and Tanta Mebara Hospital, in the period from October 1998 to December 2001. All patients were complaining of persistent abnormal uterine bleeding and had a previous endometrial biopsy. All patients were subjected to diagnostic hysteroscopic examination. Hysteroscopically directed endometrial biopsy was taken from any abnormal lesion. When no abnormal location was suspected, curettage of the whole uterine cavity was done. Results of hysteroscopy, previous dilatation and curettage and hysteroscopic biopsy were compared. The hysteroscopic biopsy result is considered the gold standard of diagnosis.

Results: Hysteroscopy diagnosed all cases of SMF (16), all cases of endometrial polyps (8), the (2) cases of endometrial carcinoma and the (2) cases of intrauterine synechiae. Hysteroscopy also diagnosed most cases of endometrial hyperplasia (26 out of 28) and most cases of atrophic endometritis (7 out of 8) and failed to diagnose (2) cases of chronic endometritis. Hysteroscopy had a sensitivity 87.5%, specificity 95.45%, positive predictive value 96.07%, negative predictive value 83.71% and accuracy 91%. On the other hand, D & C biopsy diagnosed all cases of endometrial hyperplasia (28) cases, atrophic endometritis (8) cases and chronic endometritis (2) cases. D & C biopsy diagnosed only (6) cases of SMF out of (16) cases. It also failed to diagnose (8) cases of endometrial polyps, (2) cases of endometrial carcinoma and (2) cases of intrauterine synechiae. D & C biopsy had a sensitivity 64.28%, specificity 90.9%, positive predictive value 90%, negative predictive value 66.66% and accuracy 76%. In this study, hysteroscopy diagnosed endometrial lesions in (22) cases missed by D & C, while D & C diagnosed only (7) cases missed by hysteroscopy.

Conclusion: Diagnostic hysteroscopy is a good diagnostic tool in evaluating the uterine cavity in patients presented with persistent abnormal uterine bleeding.

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LIST OF ABBREVIATIONS

ATP enzyme	Adenosine triphosphate enzyme.
AUB	Abnormal uterine bleeding.
(CCD)	Charge-couple device chip.
(CCU)	Camera control unit.
CPM	Central pontine myelinolysis.
D&C	Dilatation of cervix and endometrial curettage.
DMPA	Medroxy progesterone acetate.
DUB	Dysfunctional uterine bleeding.
GnRH agonist	Gonadotropin releasing hormone agonist.
(GRIN) lens system	Graded index lens system.
IUCD	Intrauterine contraceptive device.
KTP- 532 laser	Potassium titanyl phosphate 532 laser.
Nd:YAG laser	Neodymium: yttrium aluminum garnet laser.
TURP	Trans urethral resection of prostate.

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INTRODUCTION

Abnormal uterine bleeding is a common gynecologic problem, traditionally investigated by means of dilatation and curettage, biopsy of the endometrium and occasionally hysterosalpingography (Valle and Sciarra, 1975).

Dilatation of cervix and endometrial curettage (D & C) is the commonest gynecological operation performed. Recently its efficacy has been called into question (Loffer, 1989); as it has been recognized that blind endometrial sampling may lead to possibility of unrepresentative biopsies (Downes and Al-Azzawi, 1993). The inadequacy of dilatation and curettage in obtaining representative tissue has been reported by Stock & Kanbour (1975). They reported that the endometrial cavity had been curetted less than one-quarter in 16%, less than half in 60%, and less than three-quarters in 84%.

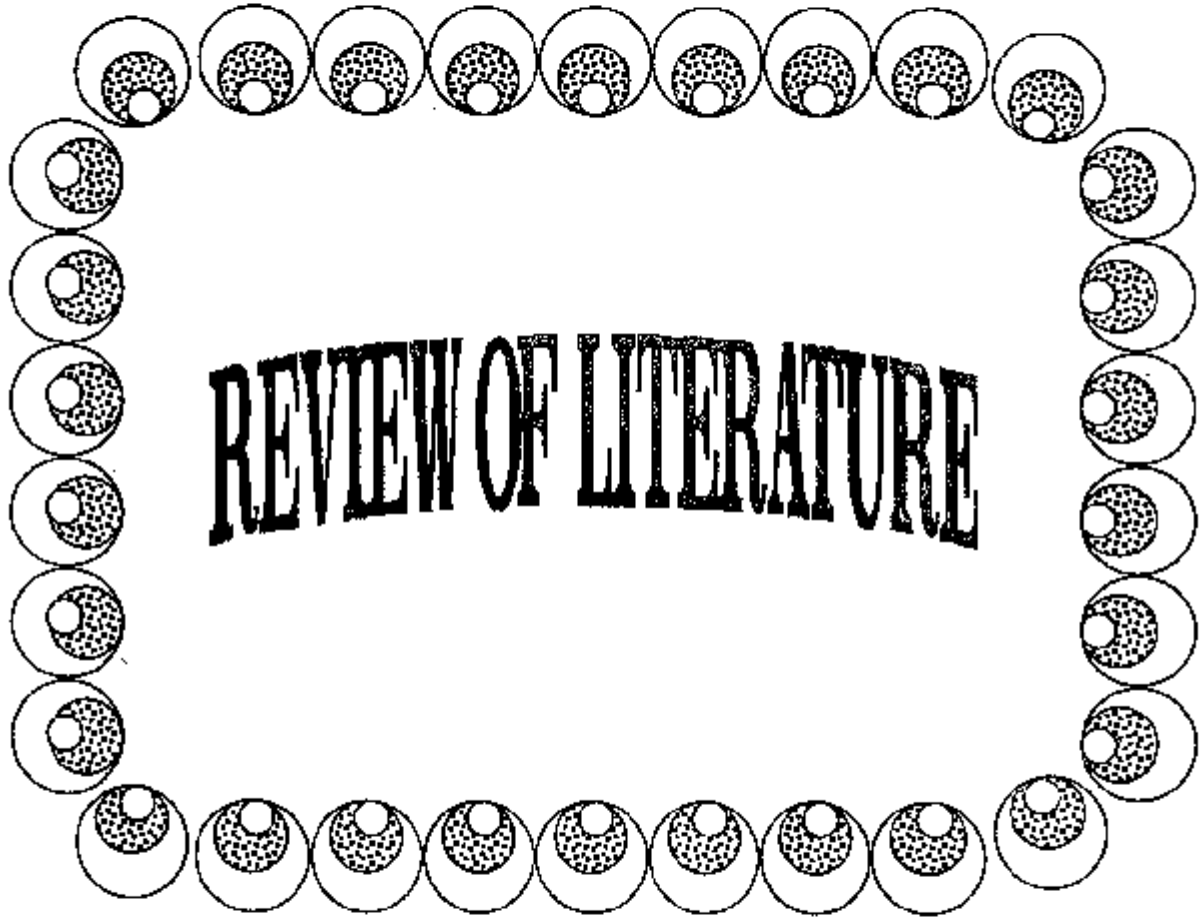
Curettage is expensive in terms of hospital and theatre resources. The procedure is not without morbidity and complications include urinary tract infection, fever, uterine perforation and synechiae (Peter De Jong et al., 1990).

Hysteroscopy permits panoramic visualization of the uterine cavity and direct biopsy of lesions, thus increasing precision and accuracy in diagnosing intrauterine conditions (Valle and Sciarra, 1975).

Office hysteroscopy can eliminate the need for hospitalization in many instances and it offers the possibility of directed biopsy (Hamou and Salat-Baroux, 1984). Hysteroscopy is on its way to become a routine gynecologic endoscopic procedure, that leads to accurate diagnosis of the pathological conditions in the uterine cavity (Gimpelson and Rappold, 1988). The technique is therefore entirely suitable as an outpatient procedure without anaesthesia (Lewis and Road, 1990).

AIM OF THE WORK

The aim of the work is to evaluate the diagnostic value of hysteroscopy in cases with persistent abnormal uterine bleeding after dilatation and curettage.



REVIEW OF LITERATURE