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Myometrial scoring: a new technique for the management of severe Asherman's syndrome.

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OBJECTIVE: To describe a new hysteroscopic technique for the management of severe Asherman's syndrome. DESIGN: Prospective observational study. SETTING: Volunteers in an academic research environment. PATIENT(S): Seven patients with secondary infertility associated with amenorrhea or oligomenorrhea secondary to severe Asherman's syndrome. INTERVENTION(S): Six to eight longitudinal incisions were made into the myometrium extending from the uterine fundus to the isthmus with a resectoscope fitted with a Collins knife electrode. MAIN OUTCOME MEASURE(S): Restoration of menses, symptomatic relief, and postoperative reproductive performance. RESULT(S): The amount of menstrual bleeding increased in all cases, including two women who were amenorrheic before their surgery. Pelvic pain decreased in two of the four symptomatic cases. Three to four months after surgery, hysteroscopy showed a normal sized uterine cavity in five cases. After a median follow-up of 12 months, three women conceived four pregnancies, including a missed abortion, a tubal abortion, an ongoing pregnancy currently at 7 weeks' gestation, and one child delivered at 36 weeks gestation after premature rupture of the membranes. CONCLUSION(S): Hysteroscopic myometrial scoring enlarges uterine cavity size in cases of severe Asherman's syndrome and improves menstrual function. Reproductive performance seems to be improved also, but longer follow-up is required.

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