HYSTEROSCOPY — A REVIEW OF 90 CASES

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SUMMARY

Though hysteroscopy is no substitute for regular procedures like curettage and hysterosalpingography, yet it is a good supplementary procedure. It allows direct visualization to an area previously inaccessible to the human eye. Hysteroscopy is definitely an aid to the gynaecologist to achieve greater diagnostic accuracy. In 90 cases hysteroscopy was done and observations on these cases is reported.

Introduction

The development of modern optical system and convenient means of distending the uterine cavity has broadened the scope of hysteroscopy. Thus, a technique that until a few years ago was only with sporadic success has enjoyed a resurgence in interest and is gaining a growing number of enthusiasts in the field of clinical gynaecology.

A study of 90 cases who underwent hysteroscopic examination at the Nair Hospital, Bombay, was undertaken to evaluate the present status of hysteroscopy in gynaecologic practice.

Instrumentation

In this study 7 mm diameter storz rigid hysteroscope was used. The procedure was done under paracervical block and sedation in 68 cases, while in 22 cases under general anaesthesia. The cervix was dilated upto No. 7-8 Hegars dilator.

The various uterine distension media used are as shown in Table I.

TABLE I

Medium	No. of cases	Visualization	Ostia seen in
Carbon dioxide	36	Excellent	80%
Normal saline	40	Average	50%
5% dextrose	12	Poor	33%
32% dextran	2	Good	50%

Carbon dioxide and 32% Dextran had better visualization than the contemporaries.

Advantages of CO_2 technique are—

(1) Clarity of vision.
(2) Bleeding does not interfere with visualization.
(3) Electrodes are not cooled down during electrosurgery.

However, this technique requires the

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use of costly hysteroflator and contracervical cap.

Advantages of 32% Dextran are—

(1) Good clarity of vision.
(2) Blood forms droplet in the medium and hence does not interfere with visualization.
(3) Non-conducting media, hence useful in electrosurgery.
(4) Less peritoneal seepage, hence preferred in cases of uterine malignancy.
(5) Requires small volume of fluid per examination.

However, prolonged usage leads to mucosal edema which may impede with proper visualization of the tubal ostia.

In fluid as the distension media the system is preloaded to avoid entrapping of air bubble which may interfere with proper visualization.

Observations

The majority of the patients were in the third and fourth decade. It must be noted that few patients had more than one indication and in 80% of the cases menstrual disorder was the main problem, while 24% cases had infertility. In the infertility group curettage and laparoscopy was also done simultaneously.

The hysteroscopic findings in menstrual disorders group is as shown in Table II.

Further in 1 case hysteroscopic picture suggestive of endometrial carcinoma was proved on histopathological examination of the curettage material.

The endometrial pattern in the infertility group is as shown in Table III.

In 2 cases of secondary infertility submucous fibroid was detected on hysteroscopy. In 2 cases hysteroscopic picture

TABLE II

Type of menstrual disorder	Total No. of cases	Hysteroscopy findings			
		Normal	Hyper-trophic	Polyoi-dal	Atrophic
Menorrhagia	16	4	6	4	—
Oligomenorrhea	12	8	—	—	4
Dysmenorrhea	6	3	1	2	—
Amenorrhea	10	6	—	—	4
Metrorrhagia	1	—	1	—	—
Irregular menses	21	8	12	1	—
Polymenorrhea	9	2	4	3	—
Post menopausal bleeding	4	2	1	1	—

TABLE III

Endometrial Pattern in Infertility

Infertility	Proliferative	Secretory	Atrophic	Polypoidal
Primary	5	3	2	2
Secondary	4	2	3	1

suggestive of tuberculous endometritis was proved on histopathological examination of curettage material.

The hysteroscopy histopathological correlation is as shown in Table IV.

TABLE IV

Endometrial pattern on	Hysteroscopy	Histopathology
Normal	24	43
Atrophic	12	10
Hypertrophic	49	30
Polypoidal	5	7

Intrauterine adhesions were found in 1 case of secondary amenorrhoea post medical termination of pregnancy suggestive of D'Asherman's syndrome, and in 1 case of repeated abortions.

The operative procedures done through the hysteroscope are as shown in Table V.

TABLE V
Operative Procedures

Operative procedure	No. of cases	Percentage success
Loop removal	7	57
Intrauterine adhesiolysis	2	50
Polypectomy	1	100

It must be noted that loop removal was difficult in some cases due to blurring of vision because of bleeding, intrauterine adhesions, and deeply impacted IUCD.

The complications associated with the procedure are as shown in the Table VI.

TABLE VI
Complications

Complication	No. of cases	Management
Poor visualization	2	Procedure abandoned
Difficulty in cervical dilatation	1	Procedure abandoned
Uterine perforation	1	Conservative

Discussion

The primary purpose of our study was to establish whether hysteroscopy has any advantage over traditional procedures like curettage and hysterosalpingography; and does hysteroscopy alter the management and if so, to what extent?

In cases of menstrual disorders, it was found that few cases of polyps and submucous fibroids which were missed at routine currettage, were detected on hysteroscopic examination. Ingelman found through hysteroscopy that a routine curettage scrapped the uterine cavity in only 40% of cases satisfactorily. Thus, hysteroscopy definitely has advantage over curettage in such cases.

In the infertility group hysteroscopic picture in 2 cases suggestive of tuberculous endometritis was proved on histopathological examination of the curetted material. In 2 other cases of secondary infertility submucous fibroid was detected. In cases of infertility, diagnostic hysteroscopy with laparoscopy is more definitive anatomical evaluation of the upper genital tract than hysterosalpingography.

Intrauterine adhesions were found in 2 cases. Edstrom and Fernstrom (1970) noted that in 33% cases where hysterogram showed intrauterine adhesions,

hysteroscopy revealed normal uterine cavity.

Overall diagnostic accuracy of the endometrial pattern reported by Edstrom and Fernstrom (1970) is 93-95%. In our studies this was less because of error in timing the procedure premenstrually and overdiagnosing hypertrophic endometrial pattern.

The operative procedures like removal of a misplaced IUCD, intrauterine adhesiolysis and polypectomy had good success.

The complications associated with the procedure were minimal.

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