

CRITICAL REVIEW OF THE TECHNIQUES OF ENDOMETRIAL CURETTAGE*

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SUMMARY

A critical review of 782 cases of curettage, 622 under anaesthesia and in 160 cases done without anaesthesia and dilatation of cervix is discussed.

Introduction

It is well known that dilatation and curettage (D & C) is one of the oldest and commonest Gynaecological operations. However, with the advent of powerful hormone and other chemotherapeutic agents, introduction of sophisticated methods of investigations and the world-wide trend of adopting simpler and less invasive procedures, a time has now come to review the technique, if not the place, of this age old operation.

Material and Methods

The present study consists of analysis of 782 consecutive cases of endometrial curettage done in our hospital over 3 years period between 1979 and 1981. It was largely a retrospective study the data for which were collected mainly from records made in our operation as well as histopathology register. All cases

of curettage irrespective of the technique employed to obtain the material whether by conventional D & C or by curettage without anaesthesia or dilatation (CWAD) were included.

CWAD is done in our unit by Novak's or Randall's suction cannula curette of 4 mm diameter but its suction facility is not used. As opposed to taking a strip, a through curettage is done with this rine curette. The curettings accumulated in the cannula is finally taken out by pushing air into the curette from the Luér end with the help of a 10 ml syringe at the end of the operation.

Excluded from the series were all cases of curettage related to pregnancy i.e. for abortions, terminations, hydatidiform mole etc.

Out of 782 in 622 cases (79.53%) curettage was done by conventional technique (D & C), whereas in 160 (20.46%) it was done by CWAD.

The purpose of the present study was just to review the various techniques of endometrial curettage so as to see the trend in our unit and also to judge how

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our trend compare with the current world trend.

Results and Analysis of Data

Incidence

In our unit which deal with an average of 18,000 gynaecological out-patient attendance and 1600 gynaecological operations per year, the incidence of diagnostic endometrial curettage on indications unrelated to pregnancy (including those done by CWAD) was:

2% of all gynaecological out-patient attendance

20% of all gynaecological operations and

27% of all minor gynaecological operations (including sterilization)

Indications

Broadly speaking, diagnostic endometrial curettage was done in our unit on two basic indications—infertility (50%) and dysfunctional uterine bleeding (45.01%) of which infertility ranked first. Post menopausal bleeding and few selected (uterine size 6 weeks or less) cases of fibroid uterus with meno—and/or metrorrhagia were the two main clinical entities in our small (4.98%) miscellaneous group.

Trends in Technique

This has been shown in Table I. The first thing that stands out in Table I is that there has been almost 1/3 reduction in the number of D & Cs during the 5 years period between 1977 to 1981 (on an average) in comparison to the average figures for the same operation during

preceeding 3 years beyond 1977. The reason we took in 1976-77 junction as the dividing point is this that in January 1977 two out of three specialists of our unit including head of the department changed and because this, as we all know, often affect the treatment policy etc.

The other noticeable feature in the Table is almost trebling (57 as opposed to 21) of the number of CWAD. In fact, if seen in proportion of the total number of curettage done during the above two periods it will be noticed that actually there has been nearly 4 times increase in CWAD rate (21.83% as opposed to 5.41%) in the later 5 years in comparison to earlier 3 years.

TABLE II
Trends in Technique of Endometrial Curettage

Technique	Average figure between	
	1974-76	1977-81
D & C under GA	367 (94.58%)	204 (78.16%)
CWAD	21 (5.41%)	57 (21.83%)
Total	388 (99.99%)	261 (99.99%)

It is relevant to mention here that the use of CWAD in our unit was limited to the infertility and some regular menorrhagia cases only.

Technique failure

This means where the procedure has yielded either no tissue at all or such inadequate quantity of tissue that histological diagnosis was not possible. According to this definition, in our series, conventional D & C had a failure rate of 5.14% and CWAD had that of 7.5%.

Discussion

At the very outset let us briefly review why curettage at all? While its need is unquestionable for infertility cases, according to Jeffcoate (1975) a very large number of curettage carried out for dysfunctional bleeding cases specially in younger women are unnecessary both for

diagnosis and treatment. This is supported by recent study by Grimes (1982). Our 33% reduction of D & C rate (in the recent years) is due to adoption of hormone therapy (medical curettage) as the first line of treatment in dysfunction bleeding cases—an idea which is based on the above philosophy.

Table II shows the number of D & C's performed in the study group. It is seen that the number of D & C's performed in the study group has decreased significantly during the study period. This is due to the adoption of hormone therapy as the first line of treatment in dysfunction bleeding cases.

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Table II. Comparison of D & C's performed in the study group.

Year	Number of D & C's performed
1975-76	100
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1977-78	66
1978-79	66
1979-80	66

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