UTERINE ASPIRATION CURETTAGE AND ITS COMPARISON WITH DILATATION AND CURETTAGE IN PERI & POST MENOPAUSAL WOMEN

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SUMMARY

With a view to popularise ambulatory care, a study on uterine aspiration curettage was performed. Uterine aspiration curettage was found to be a safe, simple and rapid outpatient procedure for endometrial sampling, not requiring anaesthesia. It gives excellent endometrial specimen for histologic study. The correlation with D & C was found to be 93.75%. Diagnostic accuracy was greater than D & C as 2 cases of endometrial hyperplasia diagnosed on aspiration were missed on D & C and the presence of hyperplasia was confirmed on hysterectomy.

INTRODUCTION

Ambulatory health care is the demand of the day. The Gynaecologist has responded to this trend by providing cost effective care without compromising the quality of the care. With this in mind, uterine aspiration curettage, the ambulatory procedure, for endometrial sampling was studied.

D & C is probably the most commonly performed gynaecological surgery. It accounts for a large proportion of hospital bed use and operating room time. The cost is significant and the patient also risks the complications of anaesthesia. Consequently various alternative procedures for endometrial sampling like endometrial brush, uterine lavage, jet wash, vabra aspiration and endometrial biopsy have been reported.

Uterine aspiration curettage under negative pressure has been reported to give excellent endometrial specimen for histologic and cytologic examination. It is a rapid procedure, requires no anaesthesia and can be easily done in O.P.D.

MATERIAL AND METHOD

This is a prospective, randomised, ongoing study of which the first 50 patients are evaluated

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here. Perimenopausal patients with abnormal vaginal bleeding and post-menopausal patients who form the high risk group for endometrial carcinoma were chosen for the study.

Uterine aspiration was done as an out patient procedure in all these patients. M.R. Syringe with 4mm Karman's flexible canula was used for aspiration curettage. Multiple holes were made in the canula to facilitate adequate endometrial sampling from all areas.

The procedure was carried out on a flat examination couch. No premedication was used except verbal reassurance. The patient was put in the dorsal position with her thighs abducted and flexed on the abdomen and supported by the patient's hands. Sims speculum was used to visualise the cervix. Pap. smear was taken as a routine. The cervix was held with the volsellum and a negative pressure was created in the syringe. The canula was inserted into the uterine cavity and the syringe connected to it. The pinch valve was released and the cavity curetted. The procedure took around 2 minutes, the specimen obtained was put in normal saline and immediately sent for histopathology or cytology depending on the amount of tissue obtained.

The procedure was evaluated as regards patients acceptability, technical difficulties, clinical complications, histologic suitability and diagnostic accuracy.

This procedure was followed later by D & C under local or general anaesthesia.

OBSERVATIONS

The study comprised of 50 patients. Their distribution according to menstrual pattern is given in Table I.

The age of the patients was between 40 and 64 years. The commonest complaint in post menopausal patients was mass descending per vaginum, followed by white discharge per vaginum. 3 cases complained of post menopausal bleeding. Perimenopausal patients complained of menorrhagia or polymenorrhagia.

The discomfort experienced was mild in 30, moderate in 18 and severe in 2 cases. But in none of the patients, pain was severe enough to warrant abandoning of the procedure. Haemorrhage following procedure was insignificant. There was no case of perforation, cervical injury or infection following the procedure. No patient needed hospitalisation for any complication.

Uterine aspiration was performed in all 50 patients, D & C in 48 cases as 2 cases refused to undergo D & C and hysterectomy was done in 15 of these patients.

The findings of uterine aspiration curettage and D & C are shown in Table II. The details of 3 cases where findings did not correlate are given in Table III.

DISCUSSION

Uterine aspiration was found to be acceptable as on O.P.D. procedure with only mild to moderate discomfort in most of the patients. 2 cases refused D & C showing greater acceptability of uterine aspiration.

The procedure was rapid taking around 2 min. and technically was just like inserting IUCD. There was no significant haemorrhage, no perforation no infection following the procedure and also no risk of anaesthesia.

In 90% (45) of the cases the material was adequate for histology while 10% (5) cases all of which were post menopausal only cytology was possible, which was adequate for diagnosis.

Correlation with D & C was 93.75% in this study Roger et; al have reported 98% and Maurice et; al have reported 91% correlation with D & C. Diagnostic accuracy was more than D & C as in 2 cases, hyperplasia was missed on D & C.

This could be because of the fact, as Grimes reported that 50% of the endometrium remains unsampled at D & C.

This procedure could be of special advantage:-

TABLE I

DISTRIBUTION OF PATIENTS ACCORDING TO MENSTRUAL HISTORY

Menstrual History	No.
Postmenopausal	25
Postmenopausal Bleeding	3
Perimenopausal	22
Total	50

TABLE II

FINDINGS OF UTERINE ASPIRATION CURETTAGE AND D & C

Findings	Uterine Aspiration	D & C
Benign	21	23
Hypeplasia	8	5
Atrophic	20	18
Endometritis	1	1
Insufficient	–	1
Total	50	48

TABLE III

NON-CORRELATING FINDINGS OF UTERINE ASPIRATION & D & C

S.No.	Uterine Aspiration	D & C	Hysterectomy
1.	Hyperplasia	Benign	Cystic glandular Hyperplasia
2.	Hyperplasia	Benign	Cystic glandular Hyperplasia
3.	Hyperplasia	Insufficient	Not done

1) In multiparous and post menopausal patients, as cervical dilatation is not required.
2) In re-evaluating patients with hyperplasia on progestrone therapy and
3) In young patients with menstrual disorder.

REFERENCES

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