

DATING OF THE ENDOMETRIUM BY MICROHYSTEROSCOPY

Dimitrie Dumitrescu, M.D., and
Gheorghe Dumitrescu, M.D.

SUMMARY

Microhysteroscopy was performed in 170 consecutive cases of women patients with various gynecological disorders. The vascular pattern was studied by optical hysteroscopy using a microhysteroscope. As the microhysteroscope was introduced, the vascular pattern of the endometrium was observed. The vascular patterns were classified into five phases. An endometrial biopsy was taken in all cases and a correlation was made between hysteroscopic and histopathological findings. Hysteroscopically, we were able to define five different phases of the menstrual cycle, early proliferative, late proliferative, early secretory, late secretory and premenstrual-menstrual phase. Histopathology confirmed the hysteroscopic diagnosis of the phase in 74, 65.7, 51.3, 83.8 and 76 per cent respectively.

INTRODUCTION

The microhysteroscope with variable magnifications ranging from 1 : 1 to 150 : 1 enables not only a panoramic vision of the uterine cavity but also an in-depth study of the endometrial vascular and cellular patterns. As a specific pattern of the endometrial vessels corresponds with a well defined phase of the menstrual cycle, a microhysteroscopic dating of the endometrium can be made, based on the vascular pattern.

MATERIALS AND METHODS

In 170 consecutive cases of hysteroscopy, the microhysteroscope (type Ramon I Stock Co.) was used under general anesthesia. Light was supplied by a Stock gonioscopic light fountain. Distension of the uterine cavity was effected with a CO₂ insufflator. The microhysteroscope was introduced without prior cervical dilatation. Using a magnification of 60 X the hysteroscope was brought into contact with the anterior part of the fundus of the uterus and the vascular pattern of the endometrium was visualized. An endometrial biopsy was taken at the point of contact. Based on the vascular pattern and with Symcox's diagram-

Dept. of Obst. & Gyn. San-Petru Hospital, Cluj-Napoca, Rumania.

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RESULTS

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Group	Number of Patients	Number of Deaths	Number of Survivors
Group I	10	2	8
Group II	10	3	7
Group III	10	4	6
Group IV	10	5	5
Group V	10	6	4
Group VI	10	7	3
Group VII	10	8	2
Group VIII	10	9	1
Group IX	10	10	0

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DISCUSSION

As the vascular pattern of the endometrium changes during the menstrual cycle, the pattern of blood vessel corresponds with well defined phases of the menstrual cycle. Based on the present results we can state that the description of the vascular pattern of the endometrium by means of angiography is a valuable

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ADULTS

A. S. PATRICK & S. H. PEARSON • G. M. HARRIS & V. D. BAKER

SUMMARY

We have analysed 68 cases of menorrhagia attending our outpatient department. 23.3% of these had primary menorrhagia and 16.7% of these had secondary menorrhagia. 47.3% of the primary menorrhagia patients had some type of genital anomaly. Amongst primary menorrhagia patients anomalies accounted for 24.7%. Genital anomalies were treated 62.5% and vaginal anomalies were 45.1%. Idiopathic polygenic ovarian theca, hyperandrogenic hypogonadism and hyperthyroidism were amongst the other cases leading to primary and secondary menorrhagia.

There are many reported definitions of menorrhagia. However, most authors in their criteria will result in improper management in some cases. Clinological and development age with clinical data must be investigated. In the criteria to establish more useful evaluation, 233 females were measured by 15 years of age and 93% by 15 years of age. 22% have attained their menarche one year after finishing second primary school.

We have considered the following criteria for defining our patients of primary and secondary menorrhagia.

- (1) The criteria of spontaneous menarche bleeding by age 15 with secondary and characteristic onset at 15 years.

INTRODUCTION

Menorrhagia is a period of lower primary and secondary changes usually beginning in the second decade of life. Menarche is an important feature of female puberty and usually occurs in a fairly constant pattern. The development of normal menstrual function is a demonstration that the two systems (ovary and uterine) components of the reproductive system are intact and mature. Amenorrhoea may be the first clinical sign of abnormality in both reproductive and non-reproductive systems.

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Dr. A. S. Patrick & Dr. S. H. Pearson and Dr. G. M. Harris & Dr. V. D. Baker