

During physical exploration, vaginal mucosa with no signs of lesions or atrophy. Cervix normal.

It is performed an office hysteroscopy as part of routinely study protocol in patients with abnormal bleeding.

Intervention: Office Hysteroscopy with a 3 mm, Versascope rigid lens.

Measurements and Main Results: During the procedure, we have the next findings; redundant vaginal mucosa, external cervical os with little resistance, a normal endocervical canal. Internal cervical os with a difficult entry for the lens due to stenotic tissue. A “bubble” shaped canal which corresponds to isthmocoele, and then a normal uterine cavity, with a thin endometrium, and normal ostiums.

Conclusion: Office hysteroscopy as a part of study protocol is a reliable diagnostic option for patients with postmenopausal abnormal uterine bleeding.

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Long-Term Efficacy Analysis of Abnormal Uterine Bleeding Treated with Thermablate™ EAS™

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Study Objective: To evaluate the long-term Efficacy and Safety of abnormal uterine bleeding treated with Thermablate Endometrial Ablation System (Thermablate™ EAS™).

Design: 8 year follow up of single arm clinical study.

Setting: University teaching hospital.

Patients: 123 patients with abnormal uterine bleeding. All the cases were followed up for a long-term period, the average follow-up time was 84.1±7.9 months.

Intervention: All patients were treated by Thermablate™ EAS™ uterine balloon therapy. Among them there were 98 cases of non-menopausal patients, and 18 cases of menopausal patients.

Measurements and Main Results: 116 patients from Jan. 2005 to Mar. 2007 completed the long-term follow up. The effective rates of 2 years and 5-8 years follow-up were 96.6% and 94.8%, respectively; the amenorrhea rate were 38.8% and 68.4%, respectively; the dysmenorrhoeal-remission rates were 93.3% and 95.5%, respectively; the rates of re-intervention were 2.6% and 6.9%. respectively. The satisfaction rate after 5-8 years follow-up was 96.5%. There were significant differences statistically only in rate of amenorrhea. No severe complications such as balloon rupture, perforation of the uterus and adjacent organs, thermal injury, or pregnancy occurred. Two patients accepted further treatment because of endometrial carcinoma.

Conclusion: Thermablate™ EAS™ is a safe and effective alternative treatment for abnormal uterine bleeding, with good dysmenorrhoeal-remission rate and stable long-term efficacy, and it should be widely applied in clinical.

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A Prospective Comparison of the Biopsy Results from Curettage and Hysteroscopy in Postmenopausal Uterine Bleeding

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Study Objective: To evaluate the diagnostic accuracy of biopsy by dilatation and curettage in postmenopausal women with abnormal uterine bleeding.

Design: This study compared prospectively the histologic findings from blinded dilatation and curettage and hysteroscopic biopsy.

Setting: A prospective comparison of the biopsy results from curettage and hysteroscopy in postmenopausal uterine bleeding.

Patients: A prospective observational study conducted with 112 consecutive postmenopausal women.

Intervention: Biopsy by dilatation and curettage was immediately followed by hysteroscopic biopsy and the histologic results were compared.

Measurements and Main Results: By curettage, although performed under anesthesia, 3/3 (100%) cases of endometrial hyperplasia were reported as normal proliferative endometrium. There were two endometrial cancers (1.8%) and one case was missed as normal endometrium by curettage. Among endometrial polyps, only 3/39 (7.7%) cases were diagnosed by curettage.

Conclusion: In postmenopausal women with abnormal uterine bleeding, biopsy by curettage may be not reliable for evaluation of endometrial pathology.

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Results and Experiences after 12757 Performed Diagnostic and Operative Hysteroscopies

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Study Objective: This prospective study involved 12757 patients referred from 2000 till 2013 for diagnostic and operative hysteroscopy. The following parameters were analyzed: the presence of minor and major pathology of the endometrium, type of anesthesia, technique of operative work, instruments and energy used during hysteroscopy and complications.

Intervention: Seventy-eight percent of all procedures were done under intravenous anesthesia. In 62 % of cases hysteroscopy was done for hyperplasia and polyps, in 25% - for synechiae, in 13% - myoma and septa. The most common operative procedure was polypectomy and the most complicated one was myomectomy. The combination of mechanical instrument and bipolar energy were used in most of the cases, while the percentage of complications was extremely low.

Measurements and Main Results: The safety and diagnostic value of hysteroscopy before ART was examined in 600 patients seeking treatment for subfertility. Diagnostic hysteroscopy was performed successfully in all women. 53.7% had a history of ART failures. In 36% findings at hysteroscopy were normal, whereas in 64%, hysteroscopy revealed intrauterine lesions (polyps, septa, submucosal leiomyomas, or synechiae) that led to operative hysteroscopy. The total percentage of abnormal intrauterine findings was higher in women with a history of repeated ART failures in comparison with those with no history of ART attempts. No statistically significant difference in the outcome of in vitro fertilization or intracytoplasmic sperm injection was observed between women with normal hysteroscopic findings and patients with hysteroscopically corrected endometrial disease.

Conclusion: Hysteroscopy is a safe, highly sensitive, precise diagnostic and operative endoscopic procedure. Diagnostic hysteroscopy should be performed after all ART failure and maybe before ART in all patients, because a significant percentage of them have undiagnosed uterine disease that may impair the success of fertility treatment.

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Surface Architecture in 7 Cases of Endometrial Tuberculosis

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Study Objective: The purpose of this study is to demonstrate high resolution hysteroscopic images of surface architecture in 7 cases of endometrial tuberculosis by utilizing 20X at source magnification.

Design: Retrospective analysis of hysteroscopic images.

Setting: A private hysteroscopic surgery centre.

Patients: Seven cases of infertility referred for hysteroscopic evaluation.

Intervention: Diagnostic hysteroscopy was performed in 7 cases of infertility by placing the tip of the Hamou Microhysteroscope II very close to the endometrium and utilizing 20x at source magnification. Targeted endometrial biopsies were taken. The biopsies were subjected to polymerase chain reaction to diagnose endometrial tuberculosis. Multiple high resolution hysteroscopic images were taken. Such images were later analysed in greater detail for any signs of endometrial tuberculosis.