

SUCCESSFUL PREGNANCY AFTER TRANSCERVICAL RESECTION OF SUBMUCOUS MYOMAS COMBINED WITH REGULAR OFFICE HYSTEROSCOPIC EARLY LYSIS OF INTRAUTERINE ADHESION. A REPORT OF THREE CASES.

CY Chang¹, CC Chang¹

¹ E-Da Hospital/I-Shou University (Taiwan)

Purpose: Intrauterine submucous myomas can cause meno-metrorrhagia and infertility. This study reported the successful pregnancy on three patients undergoing regular office hysteroscopic early lysis to prevent intrauterine adhesion (IUA) formation subsequent to transcervical resection (TCR) for submucous myomas.

Materials and Methods: TCR was performed to completely resect submucous myomas on three patients. Among them, the foley balloon was put into uterine cavity for dilatation and drainage no more than one week postoperatively. On the other hand, all patients also received the administration of high dose estrogen for one month. Subsequently, within two weeks after TCR, the diagnostic hysteroscopy procedures were weekly performed on an outpatient basis and without analgesics or anesthetic. Diagnostic hysteroscopy was done 1-2 months after hysteroscopic myomectomy till there was not permanent formation of intrauterine adhesion.

Results: In these infertile women, no any complication was occurred during surgical treatment. All patients with bleeding problems returned to normal menses after the operation. After the operation, all women became pregnant and delivered at term.

Conclusion: Hysteroscopic resection is the gold standard for the treatment of symptomatic submucous myomas. Subsequently, regular office hysteroscopy after TCR is an effective procedure to prevent the newly IUA formation. Combined TCR and regular office hysteroscopy therapy has clear benefits in the treatment of infertile disorders.