

A COMPARATIVE STUDY BETWEEN HORMONAL AND HYSTEROSCOPIC MANAGEMENT OF CESAREAN SCAR DEFECT

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Introduction

Because of the growing number of CS deliveries worldwide, complications such as prolonged menstruation, irregular menstrual bleeding, and secondary infertility have become major concerns, and treatment for these complications has received increased attention. The relation between cesarian scar defect and abnormal bleeding is gradually revealed. Currently, there are two main therapeutic treatments: hormone therapy and surgical diverticulum correction. According to studies, hormone treatments generally fail to treat CSD-related menstrual bleeding abnormalities or cyclic pain. Vaginal repair, laparoscopy, and hysteroscopy are all surgical methods for diverticulum repair. Surgical hysteroscopy corrects the anatomical defect by resection of the niche's margins, preventing the collection of menstrual blood. Furthermore, cauterizing the pouch of the isthmocele decreases in situ blood production and inflammatory factor release, resulting in scar retraction of the pouch.

Aim of the Work

The aim of the work was to compare between the effectiveness of two different techniques of hysteroscopic ablation of cesarean scar defect and hormonal treatment to improve abnormal uterine bleeding and pelvic pain localized in the suprapubic area associated with is thmocele.

Subjects and Methods

78 women were randomly divided into three equal groups using double blind method with closed envelopes:
Group A: 26 patients subjected to hysteroscopic surgery in the form of resection of lower edge, resection of upper edge and endocoagulation to fulgurate the visible dilated blood vessels or endometrial-like glands inside the base of the niche by using a roller ball resectoscope with monopolar electrical current and glycine as distension media.
Group B: 26 patients subjected to hysteroscopice ndocoagulation to the base of the niche by roller ball using monopolar electrical current and glycine as distension media.
Group C: 26 patients received hormonal treatment in the form of 3rdgeneration combined oral contraceptive pills in a cyclic manner for 6 months.

Results

Table 1: Comparing between the 3 studied groups as regard Intermenstrual spotting

Inter menstrual spotting	Group A		Group B		Group C		p
	No.	%	No.	%	No.	%	
Before treatment	(n = 26)		(n = 26)		(n = 26)		0.591
Absence	4	15.4	6	23.1	7	26.9	
Present	22	84.6	20	76.9	19	73.1	
1 month	(n = 26)		(n = 26)		(n = 26)		<0.001*
Absence	21	80.8	20	76.9	7	26.9	
Present	5	19.2	6	23.1	19	73.1	
Sig. bet. grps.	p ₁ =0.734,p ₂ <0.001*,p ₃ <0.001*						
3 month [#]	(n = 25)		(n = 24)		(n = 24)		^{MC} p<0.001*
Absence	24	96.0	21	87.5	13	54.2	
Present	1	4.0	3	12.5	11	45.8	
Sig. bet. grps.	^{FE} p ₁ =0.349,p ₂ =0.001*,p ₃ =0.011*						
6 month [#]	(n = 24)		(n = 22)		(n = 22)		^{MC} p=0.034*
Absence	23	95.8	21	95.5	16	72.7	
Present	1	4.2	1	4.5	6	27.3	
Sig. bet. grps.	^{FE} p ₁ =1.000, ^{FE} p ₂ =0.043*, ^{FE} p ₃ =0.095						

Table 2: Comparing between the 3 studied groups as regard postcoital bleeding

Post coital bleeding	Group A		Group B		Group C		P
	No.	%	No.	%	No.	%	
Before treatment	(n = 26)		(n = 26)		(n = 26)		0.156
Absence	16	61.5	10	38.5	16	61.5	
Present	10	38.5	16	61.5	10	38.5	
1 month	(n = 26)		(n = 26)		(n = 26)		0.083
Absence	23	88.5	19	73.1	16	61.5	
Present	3	11.5	7	26.9	10	38.5	
3 month [#]	(n = 25)		(n = 24)		(n = 24)		^{MC} p=0.025*
Absence	24	96.0	20	83.3	16	66.7	
Present	1	4.0	4	16.7	8	33.3	
Sig. bet. grps.	^{FE} p ₁ =0.189, ^{FE} p ₂ =0.011*,p ₃ =0.182						
6 month [#]	(n = 24)		(n = 22)		(n = 22)		^{MC} p=0.033*
Absence	23	95.8	20	90.9	15	68.2	
Present	1	4.2	2	9.1	7	31.8	
Sig. bet. grps.	^{FE} p ₁ =0.600, ^{FE} p ₂ =0.020*, ^{FE} p ₃ =0.132						

Table 3: Comparing between the 3 studied groups as regard Pelvic tenderness or dyspareunia

Pelvic tenderness or dyspareunia	Group A (n = 26)		Group B (n = 26)		Group C (n = 26)		p
	No.	%	No.	%	No.	%	
Before treatment	(n = 26)		(n = 26)		(n = 26)		0.532
Absence	13	50.0	15	57.7	17	65.4	
Present	13	50.0	11	42.3	9	34.6	
1 month	(n = 26)		(n = 26)		(n = 26)		0.255
Absence	22	84.6	18	69.2	17	65.4	
Present	4	15.4	8	30.8	9	34.6	
3 month [#]	(n = 25)		(n = 24)		(n = 24)		^{MC} p=0.016*
Absence	23	92.0	22	91.7	15	62.5	
Present	2	8.0	2	8.3	9	37.5	
Sig. bet. grps.	^{FE} p ₁ =1.000,p ₂ =0.013*,p ₃ =0.016*						
6 month [#]	(n = 24)		(n = 22)		(n = 22)		^{MC} p=0.011*
Absence	23	95.8	21	95.5	15	68.2	
Present	1	4.2	1	4.5	7	31.8	
Sig. bet. grps.	^{FE} p ₁ =1.000, ^{FE} p ₂ =0.020*, ^{FE} p ₃ =0.046*						

Conclusion

Our results showed that hysteroscopic repair can improve the symptoms of CSD patients and give best results. Improvment of symtoms occurred from 1st month after hysteroscopic treatment and final improvment occurred after 3 months. There was no statistical difference between hysteroscopic resection in Group A and hysteroscopic endocoagulation in Group B but there was a differance between them and hormonal treatment in Group C .Oral contraceptive pills weren’t sufficient to relief all symptoms.