

HYSTEROSCOPIC CORRECTION OF CESAREAN SCAR DEFECT (NICHE) BY RESECTOSCOPE VERSUS MINI-HYSTEROSCOPE

Fady Mohamed Shawky Moiety, Abdelfattah Agameya ,Omar Hesham Abdelfattah Abdellatif
Department of Obstetrics and gynecology, Alexandria Faculty of Medicine, Alexandria University

INTRODUCTION:

Cesarean scar defect is an intrauterine pathology following C-sections with varying etiologies and as well variable clinical features. Major clinical presentations discussed in this study are abnormal uterine bleeding (AUB) and chronic pelvic pain. Among variable methods of treating isthmocoele, hysteroscopy will be the target of the study and moreover, comparison between the resectoscope (26 Fr) and mini-operative hysteroscope (16 Fr) .

AIM OF THE WORK:

To assess the effect of hysteroscopic correction of caesarean niche in terms of AUB and chronic pelvic pain and also compare between both the resectoscope and the mini-operative hysteroscope .

SUBJECTS AND METHODS:

A prospective randomized observational study conducted from June 2021 till November 2022. The study included 240 patients complaining of AUB and/or chronic pelvic pain related to CSD excluding any other factors. Patients were divided into two groups, group A included 120 patients who underwent niche correction by resectoscope and group B included 120 patients who underwent niche correction by mini-operative hysteroscope.

The two groups were compared as regards change between pre and postoperative bleeding and pain, which was the primary outcome. They were compared to each other as well in terms of whole operation time, amount of fluid used and rate of complications/incidents and that was the secondary outcome.

RESULT:

In our study, the comparison between preoperative and postoperative niche correction showed significant improvement as regards AUB in days (4.96 ± 1.04 days Vs 3.95 ± 0.70 days for group A and 5.13 ± 1.32 days Vs 4.43 ± 0.90 days for group B and both with $p < 0.001$) and pads/day (4.30 ± 1.29 pads/day Vs 3.48 ± 0.86 pads/day for group A and 4.17 ± 1.08 pads/day Vs 3.11 ± 0.59 pads/day for group B with $p < 0.001$) and also chronic pelvic pain according to VAS score out of 10 (5.39 ± 1.56 Vs 2.70 ± 1.05 for group A and 5.05 ± 1.44 Vs 2.38 ± 1.0 for group B with $p < 0.001$).

Comparing both groups to each other showed that group B is better in terms of less operating time (21.80 ± 6.07 minutes for group A Vs 13.93 ± 4.54 minutes for group B with $p < 0.001$), less fluid used (4.24 ± 1.41 L for group A Vs 3.42 ± 1.10 L for group B) and less incidents .

Conclusion:

We concluded that hysteroscopic isthmoplasty may be an acceptable therapeutic option for symptomatizing isthmocoele, notably, in cases with AUB and / or pelvic pain. The approach is safe, with high patient satisfaction. Having similar curative impact, both the mini-resectoscope (Gubbini system) (16 Fr) and the conventional resectoscope (26 Fr) seem to be a good therapeutic modality. However, the mini-hysteroscope may be better, in terms of less operative time, no need for cervical dilatation, less fluid use, less complications' rate and higher ergonomic value.