

HYSTEROSCOPIC ADHENOLYSIS IN ASHERMANS SYNDROME: EVALUATING THE IMPACT OF POSTOPERATIVE HORMONAL THERAPY

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INTRODUCTION

Asherman’s Syndrome is characterized by intrauterine adhesions causing menstrual disturbances, infertility, and pregnancy loss. Hysteroscopic adhesiolysis is the gold-standard treatment, allowing direct visualization and precise removal of adhesions to restore the uterine cavity. Postoperatively, hormonal therapy—typically estrogen followed by progesterone—is essential to promote endometrial regeneration and prevent reformation of adhesions. Early diagnosis, timely intervention, and appropriate hormonal support are key to optimizing reproductive outcomes.

METHODOLOGY

All participants underwent hysteroscopic adhesiolysis to excise intrauterine adhesions. Post-surgery, an intrauterine balloon catheter was inserted and maintained for 10 days in one group and an IUD was placed for a duration of three months to prevent adhesion reformation in the other group. At three-month follow-up, uterine healing and menstrual status were evaluated. Subsequently, combined oral contraceptives (COCs) were administered to a subset of patients based on clinical indications, resulting in two groups:

- Group A (n=10): Received COCPs for three months post-follow-up.
- Group B (n=10): Did not receive hormonal therapy.

Primary outcomes measured were the resumption of regular menstrual cycles and conception rates over a 12-month follow-up period.



RESULTS

In Group A, 90% (9/10) of patients experienced the return of normal menstruation, compared to 60 % (6/10) in Group B. Overall, 25% (5/20) of the participants achieved conception, with a higher proportion in Group A (60%, 3/5) than in Group B (40%, 2/5). These findings suggest that postoperative administration of COCPs may enhance endometrial regeneration, facilitate the restoration of menstrual function, and potentially improve fertility outcomes.

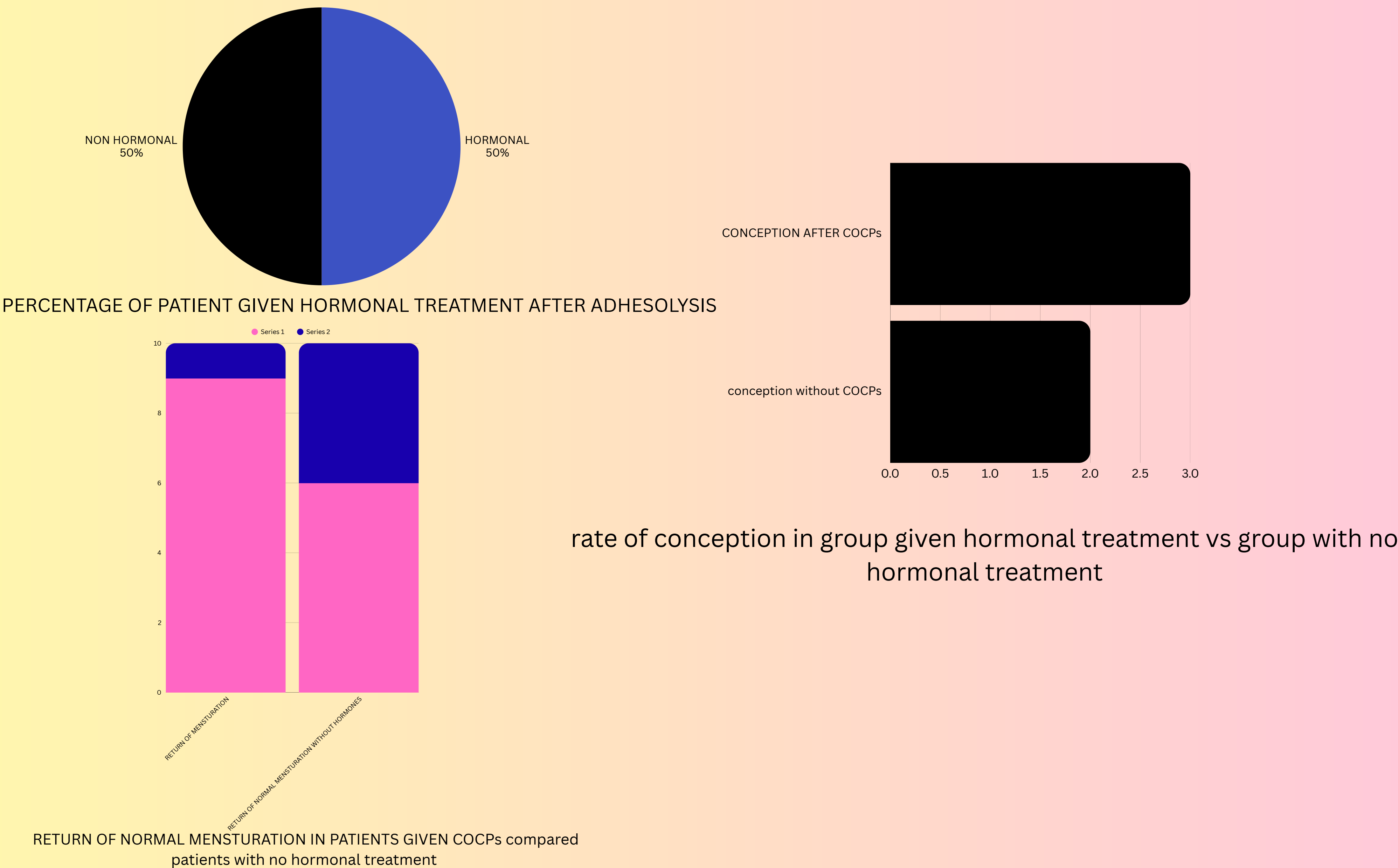


OBJECTIVE

this study aims to asses the effectiveness of hysteroscopic adhenolysis combined with intruterine device placement, balloon placement and postoperative hormonl therapy in restoring normal mensturation function and enhancing conception rate in a woman diagnosed with ashermann syndrome following dilatation and curettage for incomplete abortions

STUDY DESIGN

A prospective cohort study was conducted involving 20 women presenting with infertility and amenorrhea attributed to Ashermans syndrome



CONCLUSION

Hysteroscopic adhesiolysis, supplemented by intrauterine balloon catheter and IUD placement, is an effective intervention for Asherman’s syndrome. The addition of COCPs three months postoperatively appears to significantly improve menstrual restoration and may increase conception rates. Nonetheless, the overall conception rate remains modest, highlighting the ongoing challenges in managing infertility associated with this condition. Further randomized controlled trials are warranted to confirm these findings and to optimize treatment protocols for enhanced reproductive outcomes.

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