

OUR EXPERIENCE IN DIAGNOSING AND TREATING ISTHMOCOELE IN PREVIOUS FAILED IN-VITRO FERTILIZATION CASES IN A TERTIARY CENTRE IN KUWAIT

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INTRODUCTION

The incidence of isthmocele, a complication arising from caesarean sections (CS), is on the rise, posing challenges to fertility due to its association with infertility^[1]. Transvaginal (TV) ultrasound is the primary diagnostic tool; however, hysteroscopy is preferred^[2]. This data represents our clinical experience in diagnosing and managing isthmocele in individuals with a history of failed in-vitro fertilization (IVF) at New Mowasat Hospital, Kuwait.

AIMS

- Ass the efficiency of utilising TV ultrasound for isthmocele diagnosis
- Assess the effectiveness of versa point cauterisation in correcting isthmocele and its outcome in treating recurrent IVF failure.
- Investigate the correlation between isthmocele incidence, number of CS and duration of secondary infertility.

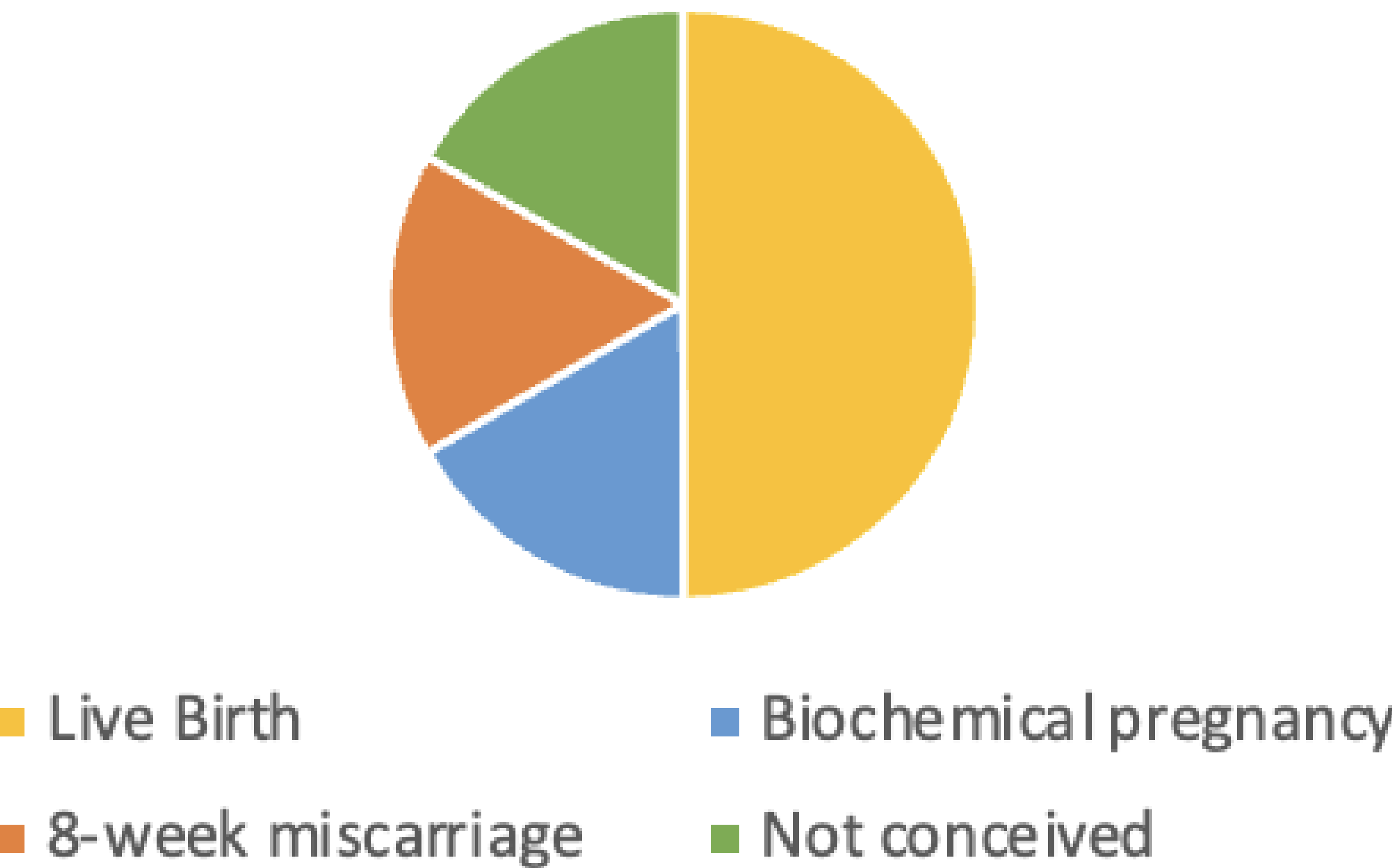
METHODS

Cohort includes patients with secondary infertility (2-12 years) following multiple CS (1-4) and those with recurrent IVF failures (2-9). Retrospective analysis of patients undergoing hysteroscopic isthmocele correction and IVF outcome, between 2020 and 2022.

RESULTS

- Eight cases underwent successful hysteroscopic correction, with TV ultrasound accurately diagnosing isthmocele in all instances, corroborated by hysteroscopy.
- Versa point was used to cauterise the isthmocele in all cases.
- Following the correction, six (75%) patients proceeded with IVF treatment.
- Post-treatment, 83.33% achieved pregnancy through IVF, resulting in:
 - 50% live birth, after their initial IVF attempt.
 - One case experienced a biochemical pregnancy
 - One case experience 8-week miscarriage
 - One case did not conceive after one IVF cycle.
- Versa point cauterisation eliminates the cavity, addresses fluid accumulation, strengthens scar tissue, and promotes re-epithelialisation and improves IVF outcomes.

Outcomes after first cycle of IVF post treatment



CONCLUSION

- 2D ultrasound demonstrates 100% effectiveness in isthmocele diagnosis.
- Hysteroscopic correction exhibits promises in addressing secondary infertility and IVF failures, irrespective of the duration of infertility or the number of CS deliveries, even though repeated CS deepens the isthmocele cavity.
- Further research with larger cohorts is essential to validate these findings and explore the treatment's efficacy in managing caesarean scar syndrome.

REFERENCES

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