



Citation Information

Journal: Seminars in reproductive medicine

Article: Intrauterine adhesions

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ISSN: 1526-8004

EISSN:

Volume: 26

Issue: 4

Quarter:

Season:

Number:

Month: 07

Day:

Year: 2008

Pages: 349 - 55

Patron
Note:

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Call Number: Shelved as: Seminars in Reproductive Medicine

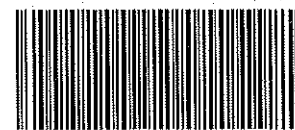
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Intrauterine Adhesions

Jay M. Berman, M.D., F.A.C.O.G.¹

ABSTRACT

Joseph Asherman first described intrauterine adhesions in 1948. It is commonly referred to as Asherman's syndrome and intrauterine synechiae. It is characterized by a spectrum ranging from amenorrhea to menstrual disturbance to normal menses. It is frequently associated with infertility. The true incidence is unknown. Most cases occur within close temporal proximity to a pregnancy, usually within 4 months and usually while the woman is in a hypogestrogenized state. Most cases are associated with trauma to the endometrium from surgical procedures, primarily curettage. Increasingly, cases are associated with myomectomy both abdominal and hysteroscopic, removal of septae, and any other intrauterine surgery. Pathology shows fibrous connective tissue bands with or without glandular tissue, although this may range from filmy to dense.

The diagnosis is primarily by history and a high index of suspicion. Confirmatory tests are increasingly saline infusion hystero-graphy (SIS) or hysterosalpingogram (HSG), although magnetic resonance imaging has also been used. Ultimately, hysteroscopy is employed for the final diagnosis and treatment. Hysteroscopic lysis of adhesions is the main method of treatment. Dense scar tissue and difficult entry into the cervix may require laparoscopic or ultrasound guidance. Most authors use an intrauterine stent and follow treatment with sequential estrogen and progesterone therapy. Increasingly early intervention either with repeat SIS or HSG or most recently with flexible hysteroscopy has been advocated.

Treatments outcomes are difficult to assess as there are no universally agreed upon classification system. However, intrauterine pregnancies rates range from 22 to 45% and live births range from 28 to 32%. The risk of complications for those that achieve pregnancy is significant with a significant risk for placenta accreta and subsequent blood loss, transfusion, and hysterectomy. Prospective controlled studies are needed to determine the best diagnostic and treatments for intrauterine adhesions.

KEYWORDS: Intrauterine adhesions (IUAs), intrauterine synechiae (IUS), Asherman's syndrome

The condition we now commonly refer to as Asherman's syndrome has been called uterine atresia, amenorrhea traumatica, and endometrial sclerosis.¹ This condition has also been referred to as intrauterine adhesions (IUAs) and intrauterine synechiae (IUS). The true incidence is unknown but is likely more

common than previously expected. In one series, Dmowski and Greenblatt² found an incidence of 1.55% of women subjected to hysteroscopy.

Joseph G. Asherman first described 29 cases of "amenorrhea traumatica (atretica)" in the *Journal of Obstetrics and Gynecology of the British Empire* (now

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Postsurgical Adhesions; Guest Editor, Michael P. Diamond, M.D. *Semin Reprod Med* 2008;26:349-355. Copyright © 2008 by Thieme Medical Publishers, Inc., 333 Seventh Avenue, New York, NY 10001, USA. Tel: +1(212) 584-4662.

DOI 10.1055/s-0028-1082393. ISSN 1526-8004.

