Anormal Uterin Kanamada Histeroskopi

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AUK

Postmenopozal kanama

- Karsinom, atrofi , polip, myom
- Malignite insidansı %1-14 (menopoz süresi, obezite,DM)

Premenopozal AUK

- **Menoraji**
  - ***Artmış kaviter yüzey*** : multiparite, myom, polip, adenomyosis
- **Metroraji**
  - **disfonksiyonel**, **hiperplazi, karsinom,** myom, polip

Perimenopozal dönem

- Disfonksiyonel: metroraji

AUK değerlendirme - amaç

Malignite

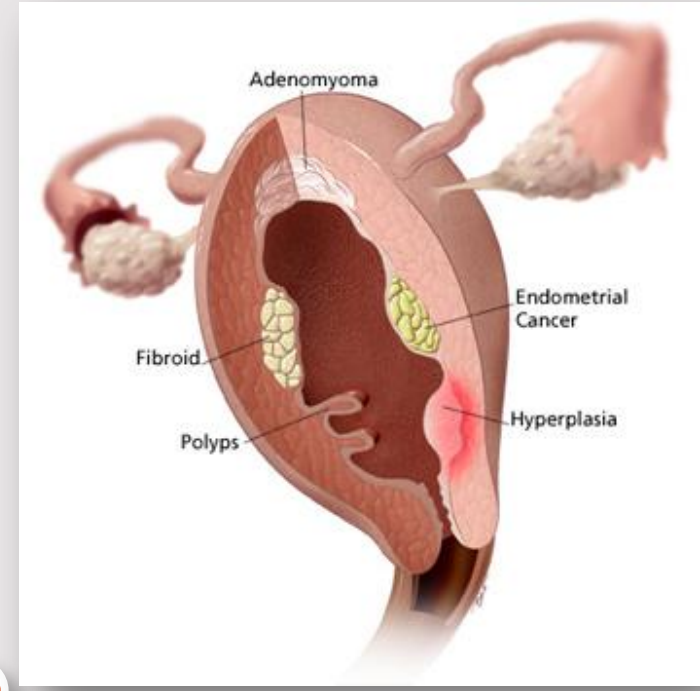
Premalign hiperplazi

Anatomik patolojiler

- **Polip, myom, adenomyozis**

Anatomik olmayan patolojiler

- **Disfonksiyon**
- **postmenopozal atrofi**



Asemptomatik - TVUS

Postmenopozal

- **Kanser %5-20 asemptomatik**
- **Asemptomatik 5 mm : kanser %6.7 (sensitivite %83)**
- **Asemptomatik: 5 mm / Sıvı koleksiyonu: 3 mm**

Premenopozal

- **Standart eşik değer yok**

Tedaviler

- **HRT**
- **TMX: Kanser riskinde 1/1000 artış**

PMK - TVUS

PMK- endometrial kalınlık ve kanser – prospektif çalışmalar

Çalışma	End. Kalınlık (mm)	Olgu sayısı	Kanser sayısı	NPD (%)
Ferrazzi, 1996	4 ya da az	930	2	99.8
Ferrazzi, 1996	5 ya da az		4	99.6
Gull, 2000	4 ya da az	163	1	99.4

5 mm

ACOG Committee Opininon no:440, Goldstein, Obstet Gynecol, 2010

PMK – TVUS

Smith-Bindman et al. JAMA 1998 Endovaginal ultrasound to exclude endometrial cancer and other endometrial abnormalities.

- **TVUS End<5 mm, PMK'da ortalama risk :%1**
- **TVUS end kalınlık arttıkça / kanama tekrarında risk artar**

Timmermans et al. Obstet Gynecol 2010 Endometrial thickness measurement for detecting endometrial cancer in women with postmenopausal bleeding: a systematic review and meta-analysis.

- 4 mm : sens % 95
- PMK'da atrofik zeminde gelişen kanser olgularının %4'ü atlanır
- **PMK = invaziv değerlendirme**

D&C / Pipelle

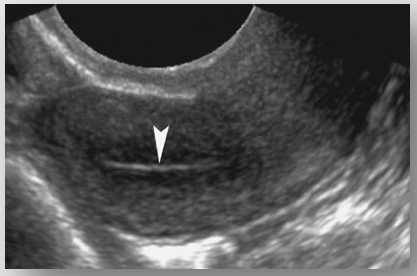
- D&C :%60'nda kavitenin yarıdan azı örneklenir
- Pipelle: endometriumun %4 (0-12)'ü örneklenir
- **Genellikle fokal** (%50 / %5)

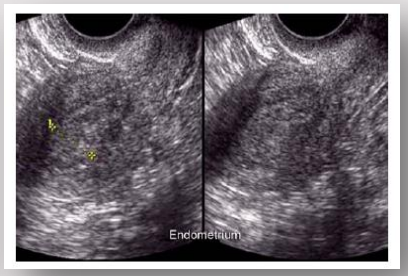
Endometrial KANSER

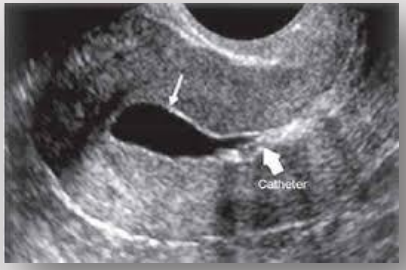
- Pipelle – sensitivite %67 - %83

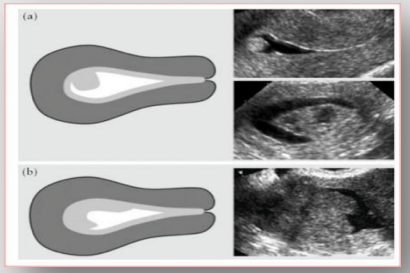
Endometrial patolojilerin tanısında histeroskopi

	Sensitivite	Spesifite
Histeroskopi	%100	%95
TV USG	%85	%84
SIS	%90	%60









Histeroskopi

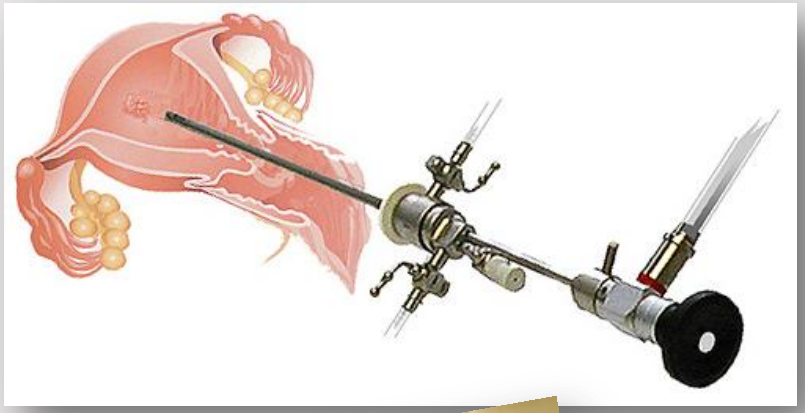
ENDİKASYONLAR	OLGULAR	
	N	%
Sonografik şüphe	1747	**50**
Metroraji / menoraji	1422	**40.7**
Patolojik end. biyopsi	54	1.5
Hiperplazi kontrolü	9	0.2
İlaçların end etki kontrolü	5	0.1
Diğer	6	0.1

	OLGULAR	
PATOLOJİLER	N	%
Polip	1223	**63**
Submuköz myom	263	**14**
End. adenoca	148	**8**
Adenomyozis	14	0.7
Piyometra	10	0.5
Trofoblastik Hst	2	0.1

Histeroskopi - AUK

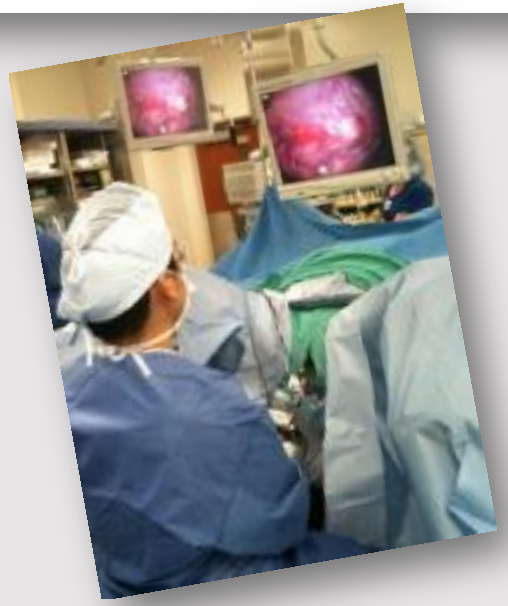
Diagnostik

- **GÖR**

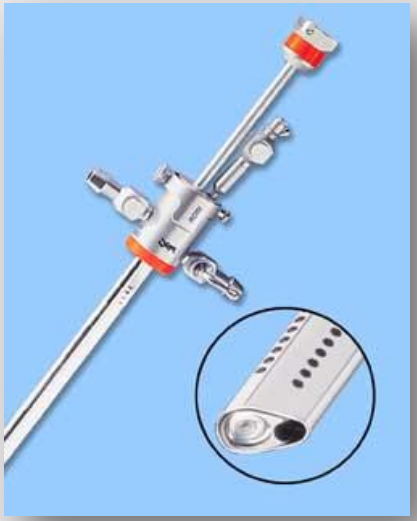


Operatif

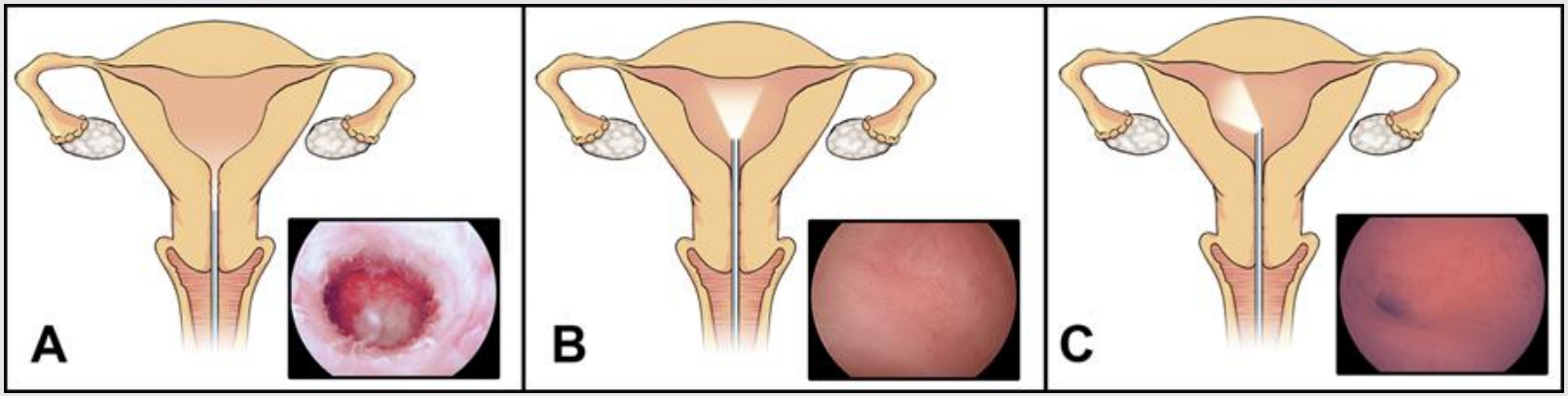
- **TEDAVİ ET**



Ofis histeroskopi - teknik



- oval şekilli (servikal kanala uyum)
- çapı 4 - 5 mm (internal servikal orifis 5 mm)
- 30 derece açılı teleskop (ağrısız kavite değerlendirme)



Ofis histeroskopi

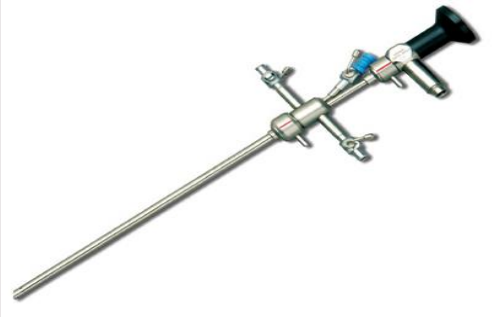
office continous flow operative hysteroscope

(irrigation - suction kanallı - sabit basınç ve temiz görüntü)

electronic suction/irrigation pump (endomat) 30-40 mm Hg

(ağrısız işlem, yeterli görüntü, tubalardan sıvı geçişi olmaması)

minyatür operatif enstrümanlar, monopolar koter, versapoint



Ofis histeroskopi tekniği

Erken proliferatif faz

Outpatient prosedür

(anestezi, spekulum, tenakulum) (-)

Ofis histeroskopi tekniği

*vajinoskopi

*endoservikal değerlendirme

*uterin kavite değerlendirilmesi

(hidrodiseksiyon)

Ofis histeroskopi

En önemli sınırlayıcı faktör ***ağrı:***

- servikal kanal ve özellikle internal ostium geçişi
- distansiyonda myometrial kontraksiyonlar
- uterin duvara temas

düşük distansiyonla (no touch) teknik

'Operatif Girişimde Genel Analjezi

tramadol (contramal) / paracetamol (perfalgam)

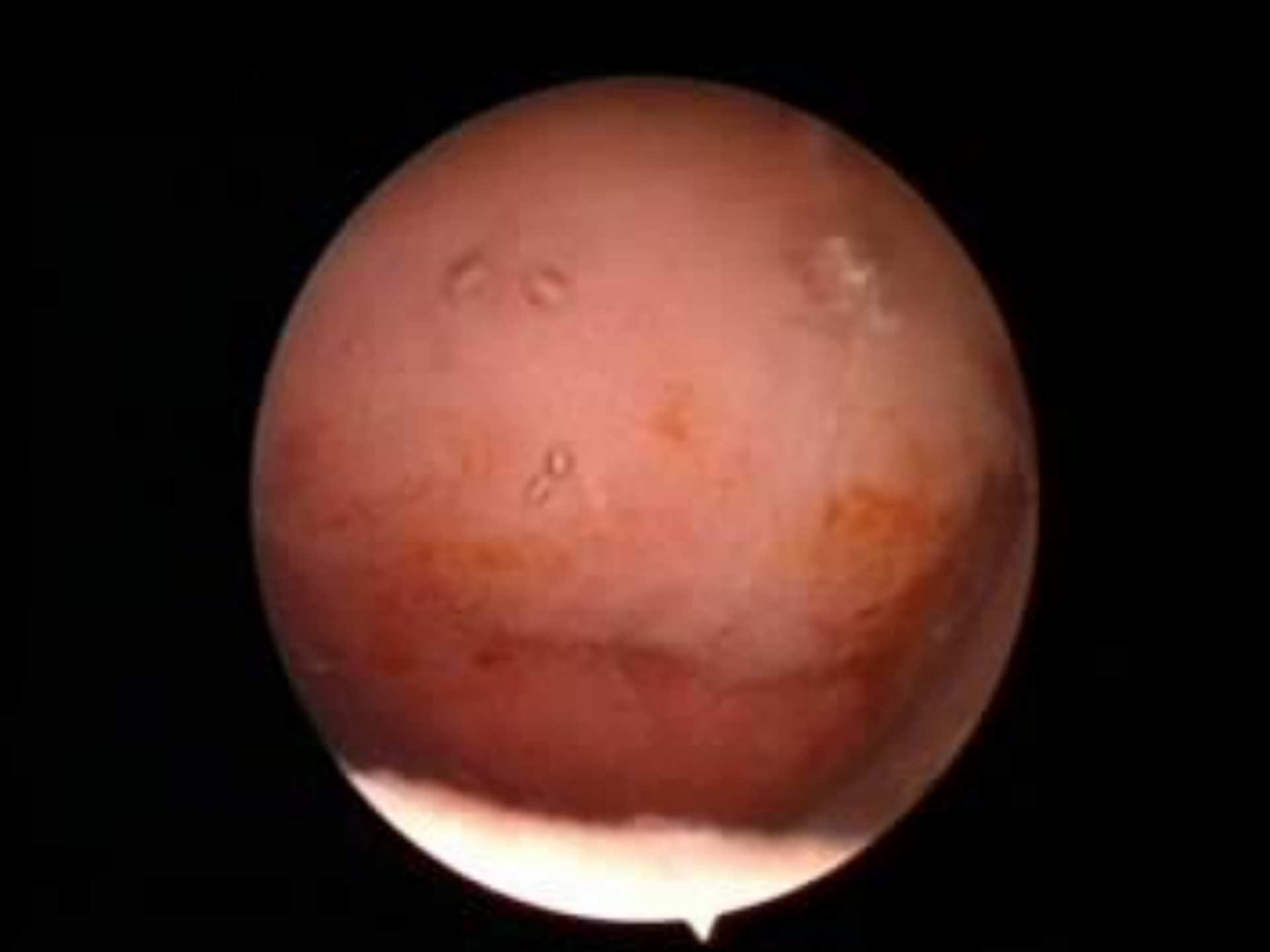
Review Article

Hysteroscopy without Anesthesia: Review of Recent Literature

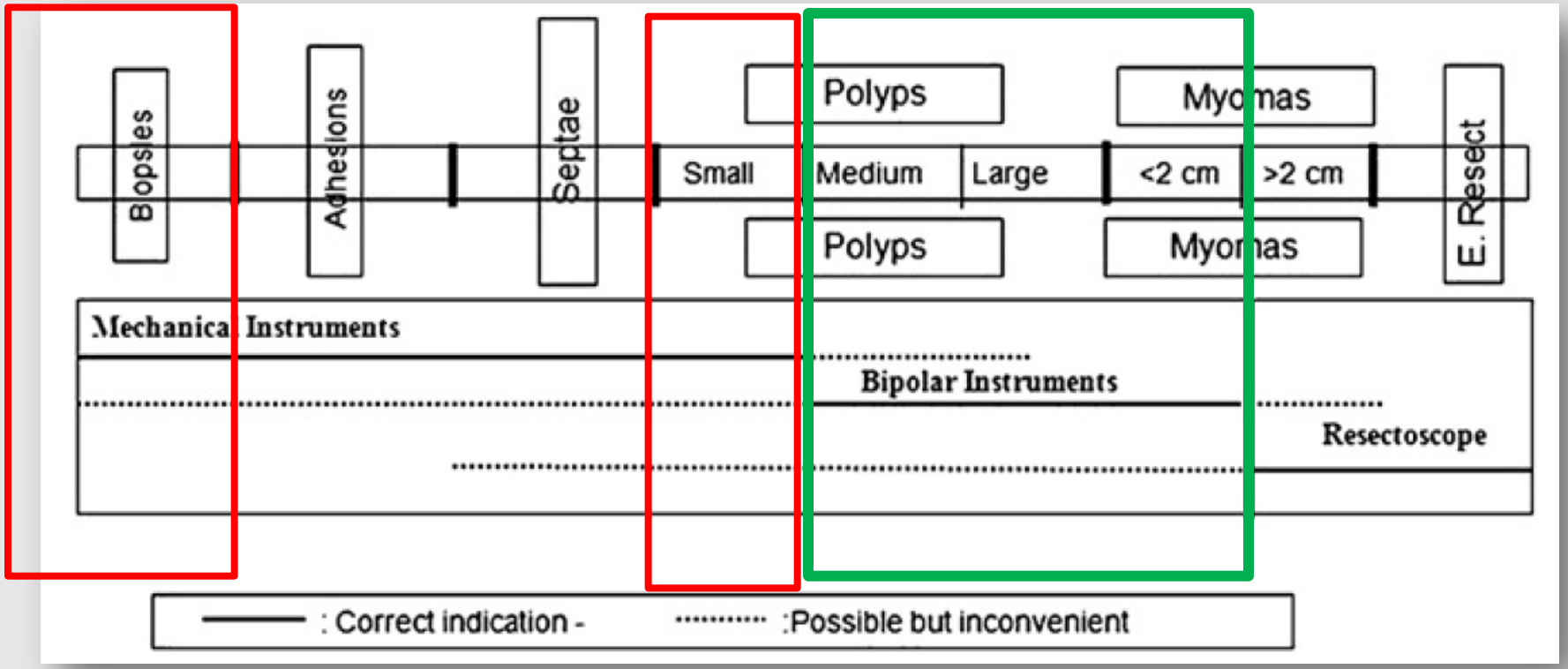
Ettore Cicinelli, MD*

Fourth Department of Obstetrics and Gynecology, Faculty of Medicine, University of Bari, Bari, Italy.

ABSTRACT The need for anesthesia or analgesia for performing hysteroscopy is still matter of debate. Many factors explain the lack of agreement about anesthesia in hysteroscopy depending on the instrumentation, technique employed, need of performing surgical procedure, operator skill and patients' characteristics. Diagnostic minihysteroscopy (3.5 mm or less in size) is less painful and easier to perform than hysteroscopy performed with instruments sized around 5 mm. Thanks to miniaturized instruments, office hysteroscopy allows a growing number of women to be treated in an office setting avoiding the operating room. The main limitation to its widespread use is pain and low patient tolerance. Intrauterine surgical procedures involving only the endometrial mucosa (biopsies, adhesiolisis, cervical and endometrial polyectomies) are not painful. For endometrial polypectomy size of polyps (<2.2m) and duration of the procedure (more than 15 min) are limiting factors. Most literature suggests that office hysteroscopy in experienced hands is a well-tolerated technique and requires the use of analgesics only in selected patients like women with previous caesarean section, history of chronic pelvic pain, anxiety and in menopause.
Journal of Minimally Invasive Gynecology (2010) 17, 703–708

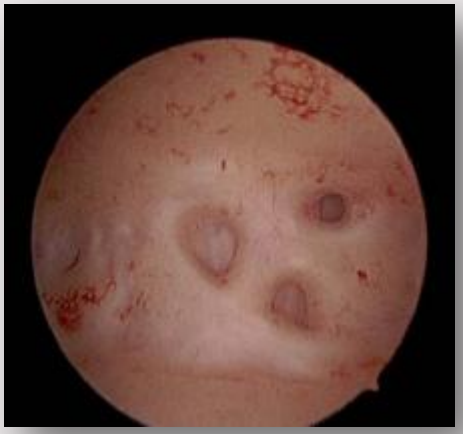


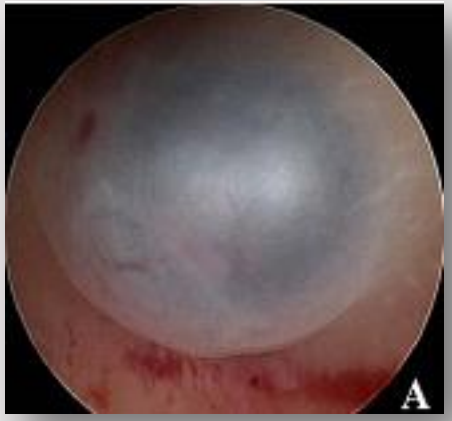
Operatif histeroskopi

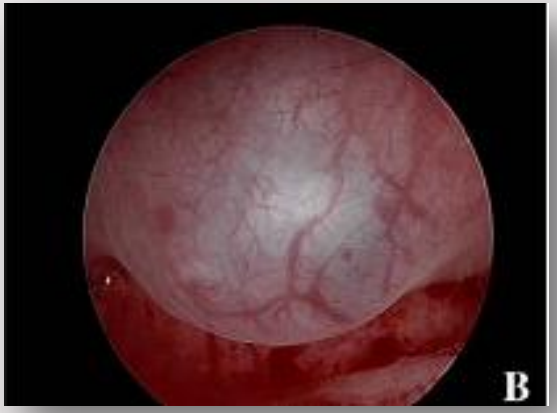


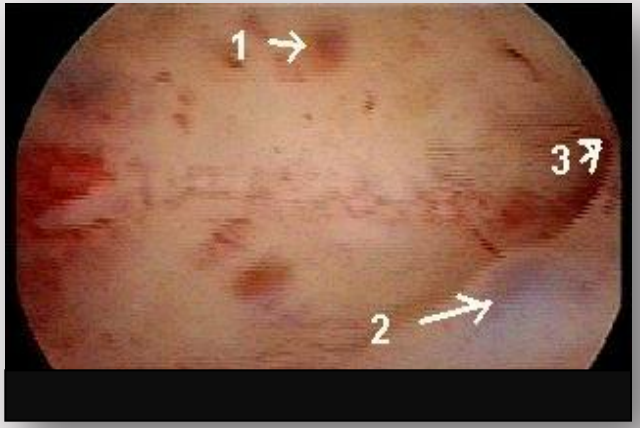
Adenomiyozis

(pencereler, subendometrial kist, hipervasküler odaklar)

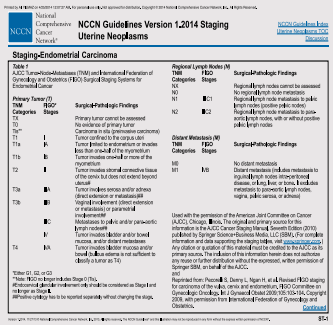








Histeroskopi - AUK


NCCN Guidelines Version 1.2014 Staging
Uterine Neoplasms

Staging-Endometrial Carcinoma

- Int J Gynecol Cancer. 2010 Feb;20(2):261-7.
- **Intraperitoneal dissemination of endometrial cancer cells after hysteroscopy: a systematic review and meta-analysis.**
- Polyzos NP[1], Mauri D, Tsioras S, Messini CI, Valachis A, Messinis IE.
- **CONCLUSIONS:**
- **Hysteroscopy in patients with endometrial cancer hints a risk for cancer cell dissemination within the peritoneal cavity.** Prospective and sufficiently powered trials are needed to clarify whether the risk of cancer cell spreading is correlated with worse prognosis.

Sonuç

- Tr vag US da kavite patolojisi / kanama = histeroskopi
- Polip, myom, end malignite-premalignite, atrofi, adenomyosis, disfonksiyon
- TMX kullanımı sıklıkla polip
- Postmen asemtomatik end kalınlıkda **cutt off 5 mm**
- **Postmenopozal kanama = İnvaziv değerlendirme**
- Kavitenin % 50 altındaki end patolojide D&C ile tanı %50 den az %5 altında tanı % 0
- **Fokal lezyon** tanısı histeroskopi ile konur
- Aynı anda güvenli olarak **tanı ve tedaviye** olanak tanır