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THE COMPARATIVE ASSESSMENT OF CENTRAL HEMODYNAMICS INDEXES CHANGES IN HYSTERORESECTOSCOPY AND ENDOMETRIAL THERMOABLATION

Introduction. Traditional treatment tactics in patients with endometrial hyperplasia provides the hormonal therapy during 3 months with following histological investigation of total mucoid scrape. Surgical operation is used if there are no clinical or/and morphological effects.

Methods & Results. Hysteroscopy first of all was a diagnostic method. It is an optimal surgical method of treatment of intrauterine pathology. For a long time transcervical endoscopy manipulations were presented by mini-invasive procedures, such as intrauterine contraceptive extraction, dissection of synechia, biopsy under visual control. The problems of intraoperative

bleeding and uterine dilation constrained the following development the intrauterine manipulations.

In our endoscopy department we studied the changes of central hemodynamics in patients with hyperplasia during hysteroscopy and thermoablation. Stroke volumes, minute volume, middle dynamic pressure, total peripheral resistance, ventricle work were studied in the investigation. All groups of patients were comparable in age, somatic and genital status.

Conclusions. This research revealed more favorable condition of central hemodynamics in patients with hyperplasia during thermoablation in comparison with hysteroscopy.

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DIAGNOSTIC ABILITIES OF HYSTEROSCOPY IN PATIENTS WITH CHRONIC ENDOMETRITIS

Hysteroscopy is an important diagnostic method in the gynecology practice. The visualization of the uterus cavity can detect a lot of abnormal changes, value the prevalence of the pathology process and eliminate of the abnormal tissues.

Object. Detection of the diagnostic value of hysteroscopy in patients with chronic endometritis.

Methods: retrospective analysis of complete medical histories of women with chronic endometritis.

Results. 780 hysteroscopies were performed in 842 patients with following morphology verification of chronic endometritis. Hysteroscopy conclusion as chronic endometritis was absolutely correct only in 32,9% cases. The main signs of inflammation were irregularly mucous thickness (31%), irregularly coloring (22%), polypus formations (31,2%), hyperemia (12,8%), focal extravasations (8%) and hyperplasia (8%). Endometri-

sis was detected in 5,5% cases, IUD in 3,5%, remains of bone fragments in 0,6%, intrauterine adhesions in 12%, cervical polyps in 1,8%, malformations in 2%. Endometrial polyps were detected in 31,2% cases however morphology confirmed only in 15,5%. Normal mucous was determined by hysteroscopy in 23,3% cases. Hysteroscopy picture demonstrated abnormal mucous changes (polyps, intrauterine adhesions, hyperplasia) without inflammatory signs in 43,8% cases.

Conclusion. The problem of hysteroscopy interpretation of endometrium inflammatory was associated with atypical signs of pathology associated with continuance, etiology and severity of process. In general, hysteroscopy is an important component of diagnostic algorithm that allows educing intrauterine pathology; nevertheless in all cases the morphological confirmation of diagnosis is necessary.