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Uterine cavity abnormalities in patients with endometriosis in alexandria: A diagnostic test accuracy study

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Endometriosis occurs in 10% of women during the reproductive years. It has been classified into superficial, deep and ovarian. It commonly presents between 25 and 29 years. It is strongly associated with infertility, which is attributed to distorted adnexal anatomy, interference with oocyte development or early embryogenesis or reduced endometrial receptivity. Several studies have suggested an impairment of implantation which may be due to intrinsic deficiencies within the uterus, structural or ultra-structural defects. Endometrial polyps are a common gynecological disorder whose prevalence is increased in infertile women. The exact pathogenesis of these polyps is not yet known, but the similar pathological characteristics with endometriosis suggest a possible association. Anatomical uterine malformations are also linked to endometriosis. Uterine septum results in colicky uterine peristalsis and increased menstrual regurgitation through the fallopian tubes. Hypoplastic uterus may be also associated. Both hysterosalpingogram and transvaginal ultra-sonography are used to diagnose endometrial lesions but sometimes they are not enough. Hysteroscopy, the gold standard for evaluation of uterine causes of infertility, can detect small lesions that might not otherwise be detected by other methods. In the recent years office hysteroscopy has been preferred to operative hysteroscopy in routine evaluation of the endometrial cavity. Recently 4-D ultrasonography is being used for the same purpose but it is not yet established which is superior. In this study we aim to compare between 4-D ultra-sonography and office hysteroscopy in evaluating uterine cavity in cases with endometriosis.

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