

SEVERITY OF INTRAUTERINE ADHESIONS AND REPRODUCTIVE OUTCOMES IN WOMEN WITH ASHERMAN SYNDROME

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Abstract Body

Aims: To describe the reproductive and obstetrical outcomes following hysteroscopic adhesiolysis of intrauterine synechiae in our center.

Methods: This is a retrospective case series analysis. The study included 44 patients with Asherman Syndrome presenting with subfertility who underwent hysteroscopic adhesiolysis. The severity of intrauterine adhesions at hysteroscopic evaluation was recorded. Subsequent reproductive and obstetrical outcomes following hysteroscopic adhesiolysis at two-year follow up were recorded.

Results: Clinical pregnancy was achieved in 56.8% of patients. However, while 83.8% in the mild adhesions group with clinical pregnancies went on to have live births, only 25% achieved live births in the severe adhesions group. Rate of miscarriage was higher in the group with severe adhesions compared with the group with mild adhesions, odds ratio 15.00 (95% Confidence Interval 0.98 to 228.91, p=0.05). When comparing the patients presenting with subfertility who had prior trauma to a gravid uterus, there was no significant difference in the conception and live birth rate when comparing groups with increasing number of procedures to the gravid uterus. For 19 patients who achieved live births in our study population, 21% (4/19) had preterm deliveries while 5.3% (1/19) had abnormal placentation (placenta praevia major). Caesarean section rate was 63.2% (12/19) and there was intrauterine growth restriction in 5.3% (1/19).

Conclusions: The severity of adhesions has an impact on reproductive outcomes, with patients diagnosed with mild adhesions achieving a higher live birth rate than patients with severe adhesions. Successful pregnancies after hysteroscopic adhesiolysis should be monitored closely due to the high rates of obstetric complications reported in this population.