INTRODUCTION

Abnormal uterine bleeding (AUB) is a term given to any uterine bleeding that occurs across the entire age spectrum out side the normal menstrual bracket ***(Worley, 1986).***

Abnormal uterine bleeding is a common presenting symptom in the family practice setting. In women of childbearing age, a methodical history, physical examination, and laboratory evaluation may enable the physician to rule out causes such as pregnancy and pregnancy-related disorders, medications, iatrogenic causes, systemic conditions, and obvious genital tract pathology. Dysfunctional uterine bleeding is diagnosed by exclusion of these causes. Women of childbearing age who are at low risk for endometrial cancer may be assessed initially by transvaginal ultrasonography. Postmenopausal women with abnormal uterine bleeding should be offered dilatation and curettage; if they are poor candidates for general anesthesia or decline dilatation and curettage, they may be offered transvaginal ultrasonography or saline-infusion sonohysterography with directed endometrial biopsy ***(Albers et al.,2004).***

Up to 33% of women referred to gynecological outpatient clinics have AUB ,and this proportion rises to 69% in a perimenopausal or postmenopausal group. Local causes include fibroids, endometrial polyps, cervical polyps, endometrial hyperplasia and endometrial carcinoma ***(Kelekci et al., 2005).***

Endometrial assessment has traditionally been achieved by blind dilatation of the cervix and curettage of the endometrium (D&C) under general anesthesia ***(Clarks, 2006).***

Transvaginal ultrasonography (TVS) is increasingly used as a first line of investigation of patients with AUB. The uterus and the ovaries can be visualized clearly, and their pathological lesions can be identified. However, reports on the diagnostic accuracy of it are conflicting ***(Kelekci et al., 2005).***

Saline infusion sonohysterography (SIS) is a diagnostic technique in which the uterine cavity is distended thereby enabling the visualization of endometrial surface ***(Kelekci et al., 2005).***

The introduction of intrauterine endoscopy has allowed clinicians to evaluate an area of the body that was previously accessible only by the procedure of blind dilatation and curettage. The use of hysteroscopy has been most common in the evaluation of abnormal uterine bleeding ***(Alkamil, 2001).***

Diagnostic hysteroscopy (DHS) for diagnosis and management of abnormal uterine bleeding has developed as an easy performed procedure with minimal discomfort and significantly reduced risks and expenses. The procedure is a fast ,effective and much more precise way to detect intra uterine abnormalities ,as well as to better define the correct plan for any proposed operative management ***(Brooks, 2007).***