

SUMMARY

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Dysfunctional uterine bleeding is uncomfortable and inconvenient complaint that may not be relieved by the most commonly prescribed agents as; progestogens, prostaglandin inhibitors, antifibrinolytic agents, capillary stabilizers, danazol and LHRH agonists.

Medical treatments are, however, have many side effects on the long term and not universally effective and ultimately many women undergo hysterectomy.

Hysteroscopic techniques offer a revolution in the treatment of DUB. TCRE appears to be a great advance in the management of menstrual disorders.

Twenty patients with complaints of unacceptably heavy and prolonged periods were treated with hysteroscopic TCRE. Ten patients underwent total resection of the endometrial lining and the other ten patients underwent partial resection.

All the procedures were performed under general anaesthesia. The mean surgical time for total resection was 48min. and it was 42min. for partial resection. Follow up for up to six months showed beneficial effects on the duration and amount of the blood loss.

Forty percent of women became amenorrheic and 30% spotting and 20% hypoamenorrheic after total TCRE, in comparison with 20% amenorrhea and 40% hypoamenorrheic and 20% spotting for these who underwent partial TCRE at 6 months post operative.

There were 5 failures: 3 reported "no improvement" initially and 2 late failures after a good result for 3-4 months.

Three patients underwent a second procedure with 100% success at 6 months. The other two patients underwent hysterectomy. Complications were minimal and included two patients suffered from primary haemorrhage and required tamponade with a Foley's catheter. One case suffered from

secondary haemorrhage and an urgent hysterectomy was done for her. One case got pregnant after partial ablation and had passed to term. Partial TCRE was more or less equal to total TCRE in improving menstrual symptoms. Patient satisfaction was equal after the first 6 post-operative months.