# RESULTS

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Table (6) : shows the characteristics of the patients treated with Transcervical resection of the endometrium.

| Studied group / Patient Characteristic | Group (A) X ±SD | Group (B) X ±SD | T | P |
|---|---|---|---|---|
| Age (years) | 42.2 ±2.7 | 41 ±2.1 | 1.1 | >0.05 |
| Length of period (days) | 13.7 ±4.1 | 13.5 ±3.4 | 0.1 | >0.05 |
| Length of cycle (days) | 24.1 ±4.8 | 22.9 ±6.4 | 0.4 | >0.05 |
| Duration of menstrual complaint (month) | 11.1 ±2.9 | 10.6 ±2.3 | 0.4 | >0.05 |

Table (7) : Shows the histopathological features of the patients endometrium before endometrial ablation.

| Studied Group / Endometrium | Group (A) | Group (B) |
|---|---|---|
| Normal | 3 | 3 |
| Simple hyperplasia | 4 | 6 |
| Complex hyperplasia | 3 | 1 |

Table (8) : Shows the mean and standard deviation of the operative time among the studied groups.

| Studied group | Group (A) X ±SD | Group (B) X ±SD | T | P |
|---|---|---|---|---|
| Operative time (min.) | 48.0 ±6.3 | 42 ±5.3 | 2.2 | <0.05 |

Table(9) : Shows the mean and standard deviation of fluid deficit among the studied groups.

| Studied group | Group (A) X ± SD | Group (B) X ± SD | T | P |
|---|---|---|---|---|
| Fluid deficit (ml) | 415.0 ±247.2 | 385 ±156.4 | 0.3 | >0.05 |

**Fig. (10) : Simple hyperplasia showing mild architectural disarray and early cystic changes within the gland**

**Fig. (11) : Complex hyperplasia characterized by architectural disarray and crowding (back to back) without cytologic atypia**

Table (10) : Shows the percentage of intra-operative complications among the studied groups.

| Studied group / Intra operative complications | Group (A) No 10 | % | Group (B) No 10 | % | Z | P |
|---|---|---|---|---|---|---|
| Water intoxication | 0 | 0 | 0 | 0 | 0 | - |
| Primary Haemorrhage | 1 | 10 | 1 | 10 | 0 | - |
| Perforation | 0 | 0 | 0 | 0 | 0 | - |

One patient in each group suffered from primary haemorrhage and coagulation was not completely succeeded to stop bleeding, so a Foley's catheter was used as a tamponade after inflation by 30ml of normal saline, and was left for 6hours then removed revealing no bleeding.

Table (11) : Shows the percentage of post operative complications among the studied groups.

| Studied group / Post operative Complications | Group (A) | | Group (B) | | Z | P |
|---|---|---|---|---|---|---|
| | No. | % | No. | % | | |
| | 10 | | 10 | | | |
| Secondary haemorrhage | 0 | 0 | 1 | 10 | 0.33 | >0.05 |
| Infection | 0 | 0 | 0 | 0 | 0 | - |

One patient from group (B) had severe secondary haemorrhage one week after the operation. She received one liter of blood, broad spectrum antibiotics and urgent hysterectomy was done for her.

Table (12): Shows the menstrual pattern 6weeks post operative.

| Studied group / Outcome at 6 weeks | Group (A) No. | % | Group (B) No. | % | Z | P |
|---|---|---|---|---|---|---|
| No improvement | 1 | 10 | 2 | 20 | 0.24 | >0.05 |
| Amenorrhoea | 3 | 30 | 2 | 20 | 0.25 | >0.05 |
| Hypomenorrhoea | 3 | 30 | 4 | 40 | 0.27 | >0.05 |
| Spotting | 3 | 30 | 2 | 20 | 0.25 | >0.05 |

**Group (A) :** One patient suffered from persistent menorrhagia and she refused to have another TCRE and hysterectomy was done for her.

**Group (B) :** One patient showed no improvement and still have menorrhagia and a second TCRE was done for her.The other one had an urgent hysterectomy due to severe secondary haemorrhage.

Table (13): Shows the menstrual pattern at 3months post operative.

| Studied group / Outcome at 3 months | Group (A) No. | % | Group (B) No. | % | Z | P |
|---|---|---|---|---|---|---|
| **Amenorrhoea** | 3 | 30 | 2 | 20 | 0.25 | >0.05 |
| **Hypomenorrhoea** | 2 | 20 | 4 | 40 | 0.53 | >0.05 |
| **Spotting** | 3 | 30 | 2 | 20 | 0.25 | >0.05 |
| **Recurrence of symptoms** | 1 | 10 | 1 | 10 | 0 | - |

**Group (A) :** One of the patients who were hypoamenorrrhoic showed recurrence of menorrhagia and a second TCRE was performed for her.

**Group (B) :** The patient who had a second TCRE after 6 weeks became hypoamenorrhoic.

- another patient showed recurrence of menorrhagia and also had another TCRE.

Table (14) : Shows the menstrual pattern at 6 months post operative.

| Studied group / Outcome at 6 months | Group (A) No. | % | Group (B) No. | % | Z | P |
|---|---|---|---|---|---|---|
| **Amenorrhoea** | 4 | 40 | 2 | 20 | 0.53 | >0.05 |
| **Hypomenorrhoea** | 2 | 20 | 4 | 40 | 0.53 | >0.05 |
| **Spotting** | 3 | 30 | 2 | 20 | 0.25 | >0.05 |
| **Pregnancy** | 0 | - | 1 | 10 | 0.33 | >0.05 |
| **Patient satisfaction** | 9 | 90 | 9 | 90 | 0 | - |

One patient from group B became pregnant after 5month hypomenorrhoea and she had passed to term. The hysteroscopic examination of the patients who had another TCRE showed that the uterine cavity had not been obliterated, pale translucent fibrous looking tissue had replaced the normal looking red endometrium. A narrow ring of normal looking endometrium was present above the internal cervical as in those who underwent partial resection.

Histopathology of the resected pieces after endometrial ablation in both groups showed the same picture as that taken before ablation.

Histopathological examination of the two uterine biopsies after hysterectomy showed severe adenomyosis and no malignant cells were found.

**Fig. (12) : Adenomyosis demonstrating endometrial glands and stroma embeded in the myometrium**