

SUMMARY AND CONCLUSION

The universal incidence of IUAs, or Asherman's syndrome, is steadily increasing. The increasing use of hysteroscopy as a diagnostic tool in gynecology has also shown that IUAs are of more concern than previously recognized.

The main offender in the etiology of the disorder is trauma to a pregnant uterus especially curettage after delivery or abortion. The role of infection especially genital tuberculosis also can not be ignored.

Intrauterine adhesions are not uncommon and the clinical picture and degree of adhesion formation are variable, ranging from few intra-cervical adhesions to complete obliteration of the uterine cavity.

The diagnosis of the condition is suggested by the history, development of amenorrhea or hypomenorrhea and confirmed by hystersalpingography or hysteroscopy. The history usually is of secondary amenorrhea, infertility and possibly cyclical pain or menstrual abnormalities. These symptoms are often preceded by postpartum or postabortal curettage or multiple curettages.

Pregnancy when achieved in a patient with intrauterine adhesions may be complicated by premature labor, placenta previa, or placenta accreta.

In this study two hundred patients were subjected to diagnostic hysteroscopic examination four to six weeks following curettage for first trimester spontaneous abortion. The overall incidence of intrauterine adhesions detected was 17%.

The vast majority of intrauterine adhesion cases (15.5%) were of a mild degree where less than one-fourth of the uterine cavity was involved with thin or filmy adhesions easily broken even by the sheath of the hysteroscope. Only 1.5% was of a moderate degree where one to three-fourths of the uterine cavity was involved with adhesions only and no agglutination of the walls. We could not detect any case with severe adhesions where more than three fourths of the uterine cavity would be involved with thick bands or agglutination of the walls.

It has been found that the incidence of intra uterine adhesions following curettage for spontaneous abortion increases with the number of abortions the patient has suffered. IUAs were found in 11.8% of cases that suffered only one abortion, 22.9% of cases that suffered two abortions and 32% of patients who suffered three or more abortions.

The severity of intrauterine adhesions also increases with the number of abortions the patient has suffered. This was shown by the observation that all cases of IUAs following one abortion were of mild degree. After two abortions only 2.1% showed moderate

adhesions. After three or more abortions 8% showed moderate adhesions.

It is to be stressed that curettage of a gravid uterus should be performed only when there is dire necessity; and if unavoidable, the manipulation must be carried out with the greatest care and apprehension.

It is also stressed that whenever amenorrhea, hypomenorrhea and/ or infertility is manifest subsequent to uterine trauma, the existence of IUAs should be strongly suspected.