

ABSTRACT

Introduction: Actually 0.7-1 percent of all deliveries can be followed by secondary uterine bleeding. There is a residual trophoblastic tissue diagnosed in most of these cases and it is often managed by repeat intrauterine interventions. These operations are connected with high risk of formation of intrauterine adhesions and their early diagnosis and management can be important for next fertility.

Material and methods: There were generally 188 patients included into the study. All patients underwent ultrasound examination in 6 weeks after delivery and ambulant hysteroscopy after next 2 months without anesthesia. Described intrauterine pathologies (residual tissue and adhesions) were managed in one step.

Results: In cases with suspect ultrasound finding, the retained trophoblastic tissue was diagnosed by hysteroscopy in 66 percent vs. in 96 percent with sensitivity 85 percent and specificity 85 percent. Patients with intrauterine adhesions had normal ultrasound finding in 74 percent and it did not recognized patients with severe adhesions in 94 percent. Clinical signs had generally 72 percent of patients with diagnosed left residual tissue. Number of severe residual tissue is increasing with delay of instrumental evacuation from delivery (10 vs. 30 percent). When is necessary to repeat the operation within puerperium, the success of evacuation of the trophoblastic tissue is decreasing (residual tissue is described in 20 vs. 41 percent). Hysteroscopic resection of severe residual tissue and adhesions had minimal risk of complications and re-adhesions.

Conclusion:

Our study shows that transvaginal ultrasound after puerperium is able to diagnose retained trophoblastic tissue in uterus but not intrauterine adhesions. Hysteroscopic resection of trophoblastic tissue and severe adhesions is non-invasive and safe. Number of pathologies is increasing with interval from delivery.

Keywords:

Uterine cavity, residual trophoblastic tissue, intrauterine adhesions, hysteroscopy, ultrasound, puerperium