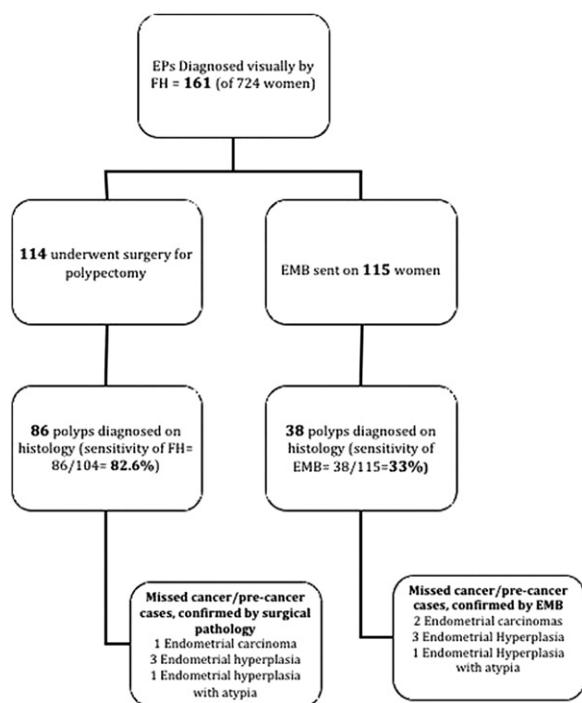


(NPV) of 50.7% and 82.1% respectively. A total of 207 women underwent D&C or D&C with polypectomy. This group included 114 women who had visually diagnosed EP by FH. Eighty six of these women had confirmed EP on histopathology. Sensitivity of FH in diagnosing EP was 82.7%. Specificity, PPV and NPV were 72.8%, 75.4% and 80.6% respectively. Six cases of endometrial cancer or hyperplasia were misdiagnosed as having polyps by FH. EMB confirmed these cases. There were 5 misdiagnosed cases of cancer or hyperplasia that were identified after surgical pathology. Four of these women had EMB before surgery: two with disordered proliferation and two with hyperplasia without atypia.



Conclusion: FH has a lower sensitivity than rigid hysteroscopy, but may be more tolerable in office settings. Even though EMB does not add to diagnostic value of FH for EP, it can aid in diagnosing cancerous and pre-cancerous lesions of the endometrium that would otherwise be missed by FH alone.

342 Open Communications 19—Advanced Endoscopy (8:06 AM — 8:11 AM)

Hysteroscopic Morcellator: A New Approach to Removal of Placental Remnants

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Study Objective: The aim of this study is to evaluate the use of the hysteroscopic morcellator as an alternative treatment modality in the management of placental remnants.

Design: Retrospective case series.

Setting: A university hospital (Leiden University Medical Centre, Leiden, The Netherlands) and two university-affiliated hospitals (Spaarne Hospital, Hoofddorp, and Catharina Hospital, Eindhoven, The Netherlands).

Patients: All women diagnosed with placental remnants after miscarriage, termination of pregnancy, or delivery who were treated with the hysteroscopic morcellator between January 2005 and May 2010.

Intervention: Retrospective review of all medical charts of the patients included. Data on surgical indication, obstetric history, hysteroscopic procedure and patient follow-up were collected.

Measurements and Main Results: We analyzed 128 procedures in 124 different women. In 69% of cases, treatment with the hysteroscopic morcellator was a secondary intervention. A markedly high percentage of patients (13%) had either a history of Asherman's syndrome, or was diagnosed with, and treated for, intrauterine adhesions at the time of the hysteroscopic procedure. In 91% of cases the placental remnants were removed successfully. Eighty-six percent of procedures were uncomplicated. In 5 patients (4%) uterine perforation occurred as a result of the hysteroscopic procedure, 4 other cases of perforation were not related to the technique of the hysteroscopic morcellator. Postoperatively 4 patients had fever, 1 patient presented with abdominal pain without a specific cause, and 1 patient presented with hemorrhage necessitating curettage. Second look hysteroscopy showed occurrence of intrauterine adhesions in 19 out of 77 patients, of whom 8 had a history of Asherman's syndrome.

Conclusion: The hysteroscopic morcellator is an effective and safe alternative in the management of placental remnants, even in patients with a history of Asherman's syndrome. Prospective research comparing hysteroscopic techniques is needed to further investigate the role of different treatment modalities.

343 Open Communications 19—Advanced Endoscopy (8:12 AM — 8:17 AM)

Evaluation of Clinical, Ultrasonographic and Hysteroscopic Parameters in the Differentiation of Endometrial Polyps and Cancer of Endometrium

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Study Objective: To evaluate the diagnostic accuracy of transvaginal ultrasound and office hysteroscopy in the differentiation between endometrial polyps and endometrial adenocarcinoma.

Design: This is a prospective 100 women longitudinal study, 24 to 80 years, submitted to hysteroscopic polypectomy (n = 80) or surgery due to endometrial adenocarcinoma (n = 20), from January 2010 to December 2011. Clinical, ultrasonographic and hysteroscopic parameters were analyzed and compared with histopathologic find. Statistical analysis was performed utilizing the Tukey, Kruskal-Wallis, Dunn and Mann-Whitney test, with a confidence interval of 95% and p < 0, 05 statistically significant.

Setting: Botucatu Medical School.

Intervention: Prospective analysis of clinical, ultrasonographic and hysteroscopic parameters in patients with diagnosis suspected of endometrial polyps and adenocarcinoma of endometrium were performed. According to the diagnosis, hysteroscopic polypectomy or pan hysterectomy with lymph node sampling was realized. After the surgery and histopathological study, statistical analysis of parameters was performed and the results were compared between groups. It was Research Ethics Committee approved.

Measurements and Main Results: There were no differences between age, BMI, menopause, TH use and associated diseases among groups. The main symptom of endometrial cancer was the postmenopausal bleeding, affecting 84,2% of women against 34,8% of polypectomy group. The majority of women with endometrial polyps were asymptomatic. Transvaginal ultrasonography showed no ability to differentiate cases of endometrial cancer compared with the cases of endometrial polyps, considering the presence of endometrial thickness and blood flow on color Doppler. Office hysteroscopy showed significant changes in 75% of the adenocarcinoma cases, especially the presence of diffuse hypervascularity with atypical vessels.

Conclusion: Still remains an inability to establish clinical parameters and reliable ultrasound imaging to differentiate endometrial polyps and cancer of endometrium. Attention should be given to hysteroscopic exams presenting diffuse endometrial hypervascularization with architectural distortion of the vessels. The recommendation of our service remains the systematic removal of all endometrial polyps.