Asherman's Syndrome

Potential Causes

**Do you have a past history of uterine surgery?**

- Dilation and curettage (D&C) (in the presence or absence of infection) for any reason including:
  - Miscarriage (missed or incomplete)
  - Retained postpartum placenta
  - Postpartum hemorrhaging
  - Elective abortion
  - Endometrial biopsy
  - Fibroid removal
  - Treatment of uterine bleeding
- Hysteroscopic myomectomy
- Caesarean section (C-section)
- Uterine artery embolization
- Endometrial ablation

**Have you ever had the following?**

- Manual removal of placenta
- Uterine packing
- Pelvic irradiation (cancer treatment)
- Caustic abortifacients (douching with a corrosive chemical to induce an abortion)
- Endometrial tuberculosis
- Treatment of a congenital uterine anomaly or treatment of a septate uterus

We Can Help You Get Informed

Visit www.ashermans.org to connect with women who have, or suspect they have Asherman's Syndrome.

Obtain medical and legal information, including valuable links to other sites on the worldwide web, physician information, and answers to the questions that you may have.

Women share their stories as means of providing encouragement and hope.

We count on donations to help provide the free service our website provides. If you are happy with our work, we ask that you donate any amount, in order to maintain the website and support our services. Please click on the donate button on our website www.ashermans.org to make your donation. Thank you!!

International Asherman's Association

www.ashermans.org

http://www.youtube.com/ashermansorg
http://groups.yahoo.com/group/ashermans
https://www.facebook.com/groups/9288865008/

International Asherman's Association is a 501(c)(3) non-profit corporation, FEIN # 27-4442769.
Asherman's Syndrome

What is it?
Asherman's Syndrome is uterine scarring that most commonly develops shortly after a D&C is performed following a miscarriage or birth. It can also be caused by an abortion, C-section, myomectomy, an infection in the uterus, including Chlamydia, or the presence of a foreign body such as an intrauterine device (IUD). In its most severe form, the uterine walls adhere together or the uterine cavity fills with scar tissue. Whether mild or severe, Asherman's Syndrome usually causes infertility and the loss of or a reduction in menstrual flow.

The term “Asherman's Syndrome” was named after an Israeli doctor of the same name who wrote about the connection between D&Cs and scarring of the uterus in the late 1940s.

Asherman's Syndrome can strike any woman who is undergoing virtually any type of intrauterine procedure. The general public remains largely unaware of this condition. Many specialists believe that Asherman's Syndrome is significantly under diagnosed although it is believed that the number of properly diagnosed cases will increase with the utilization of modern diagnostic techniques.

Symptoms
Menstrual changes; a sudden reduction in flow or the absence of menstruation, (e.g., a lot more brown blood or less red blood.)

Pain or cramping at the time of menstruation with little or no blood.

Endometriosis, which could result from the backflow of blood caused by Asherman's Syndrome.

Unexplained infertility (primary or secondary).

Recurrent miscarriage.

An invasive placenta in a past pregnancy could possibly be indicative of Asherman's Syndrome.

Diagnosis and Treatment
First consider Asherman's Syndrome whenever normal periods do not resume quickly after any type of uterine surgery. Asherman's Syndrome is diagnosed via 3 procedures, including sonohysterogram, hysterosalpingogram, or hysteroscopy.

The most accurate diagnostic test for determining the presence of intrauterine adhesions and scar tissue is a hysteroscopy. During this procedure, the uterus is filled with either saline solution or carbon dioxide gas. A hysteroscope (a thin telescope) is then inserted through the cervix into the uterus so that the physician can view the interior of the uterus and any adhesions or scarring that may be present.

Pregnancy After Asherman’s Syndrome
In most cases, an expert in the field can remove the uterine scarring gently during a hysteroscopy. Depending on the severity of Asherman’s Syndrome and on the endometrial regrowth, pregnancy can then be achieved and carried to term with little or no complications. In very few cases, a pregnancy has occurred without cure, but has been prone to high risks of premature deliveries or late miscarriages.

In those cases where the endometrium has been stripped down to the basal layer, a condition called "Unstuck Asherman's" can occur and the endometrium will fail to respond to hormonal influence, even when estrogen therapy is prescribed by a physician. In these cases, surrogacy is the only viable option for a biological child.

In other cases, pregnancy can occur with the aid of fertility drugs and/or treatments such as in vitro fertilization (IVF).

The risk of pregnancy-related complications (e.g., complications related to placental implantation) may greatly increase after treatment for Asherman's Syndrome.

Visit www.ashermans.org