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Asherman's Syndrome: Diagnosis and Treatment

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Asherman's Syndrome is scarring of the uterus resulting in infertility that occurs after dilation and curettage (D and C) or an operation on the uterus. Asherman's Syndrome is the cause of sterility in 6.9 percent of infertile women. (8)

Other statistics cited from studies at the International Asherman's Syndrome Association website show the incidence of when Asherman's may occur:

- Occurred In 2.8 percent of women after caesarean section (9)
- 3.7 percent of women after a post-partum D and C (or 25 percent risk if done early between the second and fourth week after birth)(5-10)
- 6.4 percent of women after a D and C managed early miscarriage (6)
- 30.9 percent of women after a D and C managed late miscarriage (6)
- 35 percent of women after a missed miscarriage (6)
- 13 percent of women after termination of pregnancy by D and C (4)
- Between 5-39 percent of women after recurrent miscarriages all managed by D and C, and up to 40 percent of women with retained products of conception, managed by D and C(7, 12)

In my opinion, the problem of Asherman's Syndrome and infertility after D and C is more widespread than doctors admit and should certainly receive more publicity than it does.

Diagnosis

Asherman's syndrome has few symptoms so one of the first things women will notice is that their periods have become very light or stopped altogether. A doctor will initially take blood samples to see if the absence of menstruation is caused by factors other than Asherman's, for instance, hormone disorders that affect ovulation.

An ultrasound scan may be given to check the thickness of the uterine lining and the follicles.

A hysterosalpingogram (HSG) may be given to look at the condition of the uterus and fallopian tubes. This is when dye is injected into the uterus and an X-ray is taken to illuminate any problems with the uterine cavity, growths or blockages to the tubes.

The best diagnostic tool to look for Asherman's Syndrome is a hysteroscopy. This is when the doctor dilates the cervix and inserts a hysteroscope (a type of telescope) to look inside the womb and see if there is any scarring.

The hysteroscope is tiny so the procedure can be done under a local anaesthetic if you don't want a general.(1)

Treatment

It is important if you have been diagnosed with Asherman's Syndrome that you seek treatment from a doctor who is a specialist in treating this condition as many doctors don't know how to treat it.

If your doctor suggests a D and C to remove scar tissue, get another doctor. DO NOT have a D and C as this is what causes Asherman's Syndrome in many cases and may result in irreparable damage.(2)

Asherman's Syndrome should be treated with operative hysteroscopy to remove scar tissue. Tiny surgical instruments can be attached to the hysteroscope to remove the scar tissue. This is always done under general anaesthetic.

The patient is then given antibiotics to prevent infection and estrogen tablets to improve the quality of the uterine lining and quicken healing.

A repeat hysteroscopy would then be done up to 12 weeks later to check that the uterine cavity and cervix are normal. If this is so, it should be safe to attempt conception.

It may still be possible to get pregnant without treatment but this is inadvisable because there are many risks for you and your baby including an increased risk of miscarriage and stillbirth, problems like placenta previa or placenta increta and excessive bleeding. So if you are planning a baby it is best to wait until your uterus is scar-tissue free.

If you don't want a baby then you will only need treatment if the lack of menstruation is causing you pain every month. (1, 3)

For more information and help finding a good doctor, please see www.ashermans.org/

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