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**The effect of hysteroscopic adhesiolysis as a method of treatment for Asherman’s syndrome in Higeria**

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**Introduction.** Asherman’s syndrome or intrauterine adhesions (IUA) is a condition that is majorly characterized by adhesion of uterine walls, complete or partial obstruction of uterine cavity, different placement of adhesions in uterine cavity and the clinical presentation of symptoms such as menstrual abnormalities, infertility or induced abortion. The true incidence is unknown, but it was shown to occur in about 20% of patients being treated for infertility. In most cases it occurs in women who have had several dilation and curettage (DC) that was performed because of a missed or incomplete miscarriage, retained placenta with or without hemorrhage after a delivery, or elective abortion.

**Materials and methods.** This study included 61 patients presented with infertility (primary or secondary) or recurrent pregnancy losses caused by IUAs. The major complaints were infertility, hypomenorrhea, and amenorrhea. Each case of Asherman’s syndrome was classified according to the American Fertility Society classification. The intensive therapeutic plan for the 61 women included (1) diagnosis and severity of the disease was confirmed preoperative using hysteroscopic method; (2) Hysteroscopic adhesiolysis using ultrasonography as a guide to dissect adhered tissue and placement of gel as a halo barrier, also intrauterine balloon catheter was placed at the end of the surgery ; (3) oral estrogen supplements were given in post operative period to enhance endometrial proliferation with removal of the catheter after which another hysteroscopy was done ; and (4) in vitro fertilization for 21 of the patients.

**Results.** No complication was associated with the hysteroscopic method. Normal menstrual cycles resumed in all the women. From the 61 infertile patients, 54 conceived (88.5%). None of the patients had obstetric complications. Two patients had spontaneous abortions (3.28%), one had an ectopic pregnancy (1.64%), 3 (4.91%) had an abortion at 16 weeks’ gestation due to incompetence of the ervix . Pregnancy rate changed from 19 to 88.5 %, while live birth rate improved from 14.7 to 76 %. The mean time until the first conception was 9.2 months after the operation.

**Conclusion.** Hysteroscopic adhesiolysis aided by transabdominal ultrasonography is a suitable treatment method for Asherman’s syndrome, adequate management of this syndrome provides the best possible outcomes in poor-prognosis women with severe Asherman’s syndrome. Hysteroscopic adhesiolysis of IUAs is safe and effective in terms of reproductive outcome as seen in the study above.