OFFICE HYSTEROSCOPY: FEASIBILITY AND DIAGNOSTIC ACCURACY - THE EXPERIENCE FROM A PORTUGUESE CENTER

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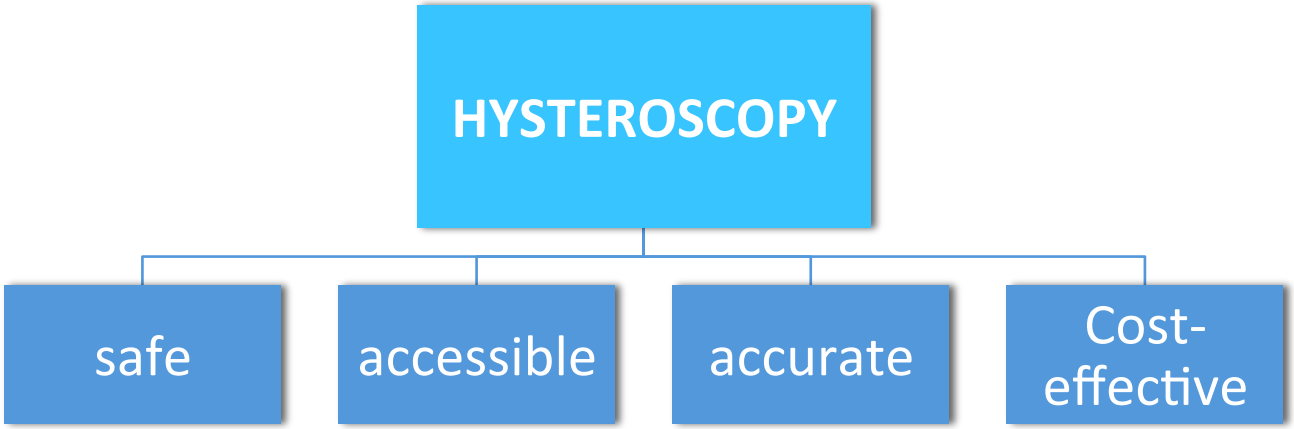
INTRODUCTION

- **ENDOMETRIAL CANCER → most frequent gynecological cancer in developed countries**



Investigate the clinical risk factors for endometrial cancer in order to more accurately select patients

OBJECTIVES

- Evaluate the **feasibility** and **diagnostic accuracy of HSC for malignancy** in postmenopausal women in our department
- Assess **risk factors associated to endometrial cancer**

MATERIAL AND METHODS

- **Retrospective study**
  - between January 2015 and December 2015
- **Setting**
  - public Portuguese center (Centro Hospitalar do Tâmega e Sousa)
- **Population**
  - 380 postmenopausal women
- **Studied risk factors**
  - menopause age
  - parity
  - abnormal uterine bleeding (AUB)
  - obesity
  - hypertension
  - diabetes
  - endometrial thickness

MATERIAL AND METHODS

- **Office hysteroscopy**
  - See and treat
  - Telescope 30°, with continuous-flow operating sheath, size 5-5.5 mm, with channel for semirigid 5 Fr. operating instruments
- **Hysteroscopic findings**
  - benign findings
  - suspicion of neoplasia
- **Histological result**
  - normal or benign findings
  - premalignant lesions
  - neoplasia

MATERIAL AND METHODS

- **Outcomes**

  - **Feasibility and factors associated with hysteroscopic failure**

  Hysteroscopic failure: cervical stenosis, pain, intolerance or vasovagal reaction

  - **Comparison between hysteroscopic diagnosis and histological result**

  - **Risk factors associated to malignancy**

- **Statistical analysis**
  - SPSS (v23.0)®

RESULTS

- **Population**
  - 380 postmenopausal women
- **Characterization of the population**

	Value
Median population age (years)	61
Median menopause age (years)	51
Nulliparity (n)	31 (8.2%)
AUB (n)	161 (42.4%)
Obesity (n)	159 (41.8%)
Hypertension (n)	216 (56.8%)
Diabetes (n)	84 (22.1%)
Mean endometrial thickness (mm)	10.4

Endometrial cancer was histologically diagnosed in 2.89% of the total of cases

RESULTS

- **Feasibility and hysteroscopic failure**

	No hysteroscopic failure	Hysteroscopic failure	%
TOTAL OF PATIENTS	355	25	***6.6%***

RESULTS

- **Feasibility and factors associated with hysteroscopic failure**

	No hysteroscopic failure (n=355)	Hysteroscopic failure (n=25)	*p value*
Median population age (years)	62.9 (±9.5)	64.3 (±10.2)	*0.479*
Median menopause age (years)	50.2 (±4.6)	49.2 (±3.4)	*0.332*
Nulliparity (n)	24 (6.8%)	7 (28.0%)	*0.002*
AUB (n)	156 (43.9%)	6 (24.0%)	*0.047*
Obesity (n)	153 (43.1%)	6 (24.0%)	*0.031*
Hypertension (n)	206 (58.0%)	10 (40.0%)	*0.089*
Diabetes (n)	81 (22.8%)	3 (12.0%)	*0.215*
Mean endometrial thickness (n)	10.5 (±5.8)	9.4 (±3.9)	*0.369*

RESULTS

- **Comparison between hysteroscopic diagnosis and histological result**

	Normal or benign findings on histology	Premalignant lesions on histology	Neoplasia
HSC: normal findings	335	3	1
HSC: suspicion of malignancy	0	6	10

HYSTEROSCOPIC SENSITIVITY	90.9%
HYSTEROSCOPIC SPECIFICITY	98.3%
POSITIVE PREDICTIVE VALUE	62.5%
NEGATIVE PREDICTIVE VALUE	99.7%

37.5% of HSC findings suspicious of cancer were histologically classified as premalignant lesions

RESULTS

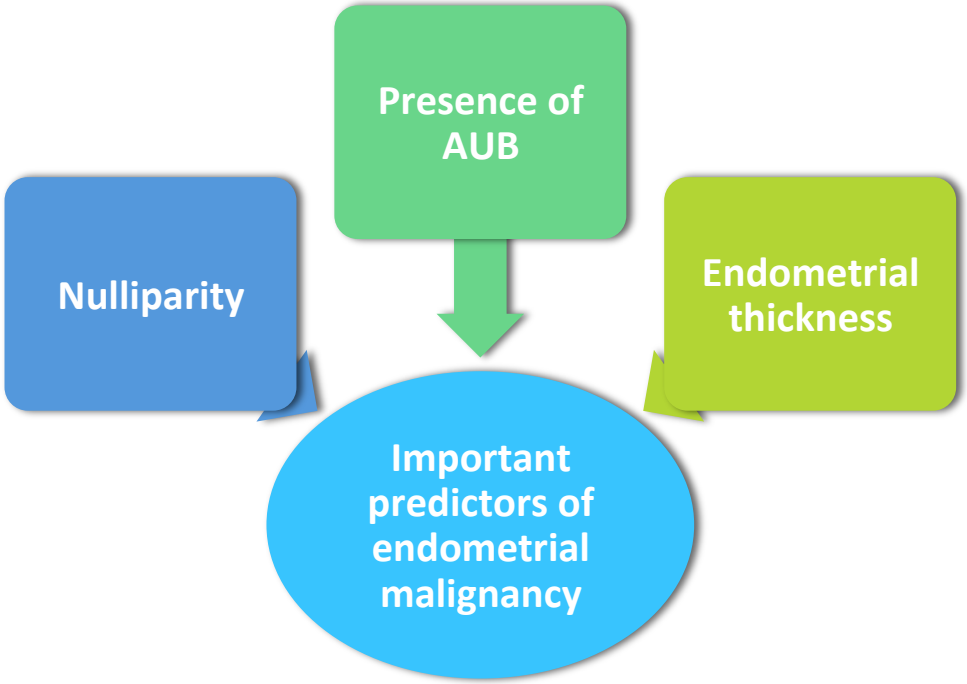
- **Risk factors associated to malignancy**

	Non malignant lesions (n=344)	Endometrial cancer (n=11)	*p value*
Median population age (years)	62.9 (±9.5)	66.6 (±8.2)	*0.195*
Median menopause age (years)	50.2 (±4.5)	50.3 (±4.3)	*0.936*
Nulliparity (n)	28 (8.1%)	3 (27.3%)	*0.021*
AUB (n)	151 (43.9%)	11 (100.0%)	*<0.001*
Obesity (n)	154 (44.8%)	5 (45.5%)	*0.934*
Hypertension (n)	210 (61.0%)	6 (54.5%)	*0.802*
Diabetes (n)	81 (23.5%)	3 (27.3%)	*0.580*
Mean endometrial thickness (n)	10.09 (±4.9)	19.78 (±14.5)	*0.08*

DISCUSSION/CONCLUSION

- ✓HSC shows to be a **feasible and accurate** mean for diagnosis of malignancy in postmenopausal women

- ✓More **accurate selection of** which **postmenopausal women** might **benefit the most** from HSC



THANK YOU