

# **Adenomyosis and age are associate with failed first generation endometrial ablation for control abnormal uterine bleeding**

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# Introduction

- Abnormal uterine bleeding is a major clinical problem.
  - Medical treatment
  - Surgical treatment
    - Myomectomy
    - Endometrial ablation
    - Uterine artery embolization
    - Hysterectomy

# Introduction

- Endometrial ablation is a therapeutic option to control abnormal uterine bleeding.
  - Efficacy similar to levonorgestrel IUD
  - First generation – roller ball resectoscope

# Objective

- To identify clinical aspects related to success of control of abnormal uterine bleeding on patients submitted to first generation endometrial ablation.

# Material and methods

- Cohort study
- Patients with abnormal uterine bleeding
- Patients submitted to first generation endometrial ablation.
- Patients were followed for three years.

# Material and methods

- 101 patients with abnormal uterine bleeding
- First generation endometrial ablation using roller ball Karl-Storz resectoscope.
- We analysed demographic data, pelvic ultrasound and diagnostic hysteroscopy results.

- Pelvic ultrasound
  - Myomas
  - Adenomyosis
  
- Office diagnostic hysteroscopy
  - Polyps
  - Myomas
  - Adenomyosis

- Clinical success

- 1. Control of clinical symptoms
  - Uterine bleeding
  - Dysmenorrhea
  - Pelvic pain
- 2. Needed of further treatment



# Statistics

- SPSS 17.0
- T test
- Chi-squares
- $P_{\text{alpha}} < 0.05$

# Results

- Success on endometrial ablation was associated with a younger age ( $41.6 \pm 5.7$  and  $47.8 \pm 10.2$ ,  $P= 0.01$ ).
- Patients that were overweight presented was associated with fail on endometrial ablation ( $89.6 \pm 11.4$  and  $77.6 \pm 9.5$ ,  $P 0.01$ ).
- Abnormal diagnostic hysteroscopy 51% ( $P 0.001$ ,  $\chi^2$  )
- Patients with adenomyosis on ultrasound 52% ( $P=0.001$ ,  $\chi^2$ )

Table 1. Clinical factors associate to success on first generation endometrial ablation

	Success	Failed	P
Age (years)	47.8± 10.2	41.6 ±5.8	<u>0.001</u>
Weight (kg)	77.6± 9.5	89.5± 11.5	<u>0.03</u>
Height (m)	1.60± 0.1	1.61 ±0.2	0.62
Menarche age (years)	12.8 ±1.6	12.4 ±1.3	0.42
BMI (k/m <sup>2</sup> )	30.1± 4.9	34.5± 4.5	0.1
US			
Adenomyosis	4(4.9)	10 (52.6)	<u>0.001</u>
Hysteroscopy	56(72.7)	9(47.4)	<u>0.01</u>
Gravidity	2.77± 2.1	2.76 ±2.2	0.9
Parity	1.98± 1.9	1.82± 1.7	0.7
C-section	0.55± 0.8	0.71± 1.1	0.5
Abortion	0.2 ±0.6	0.2 ±0.9	0.9

# Discussion

- Patients with an older age and patients with uterine pathologies diagnosed by hysteroscopy have more failed of endometrial ablation on three year of following.
- Adenomyosys can be considered as a negative factor, associated with failed on endometrial ablation.

- Thank you!!!

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