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RESEARCH ARTICLE

COMPARISON BETWEEN VARIOUS METHODS OF MANAGEMENT OF UTERINE POLYP AND TO FIND OUT THE MOST EFFECTIVE AND SAFE METHOD

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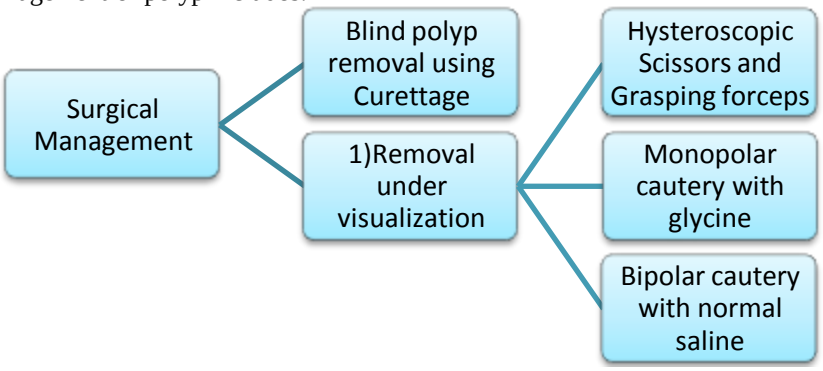
Abstract

Endometrial polyp are soft, fleshy intrauterine growths are composed of endometrial glands, fibrous stroma, and surface epithelium. Prevalence inthe general population approximates 9 percent. Various modalities are available for the management of endometrial polyp. We conducted this study to compare between D & C,Hysteroscopic scissors and forceps, Monopolar Cautery with Glycine, Bipolar Cautery with normal saline as methods for polypectomy.

Introduction:-

Uterine polyp is the overgrowth of cells in the endometrium that extends into uterine cavity. Polyps may be single or multiple, sessile or pedunculated. Estrogen is implicated in their growth.

Incidence :3-5 % infertility
10- 30 % :AUB
Surgical Management of polyp includes:



Materials &Methods:-

This is a retrospective observational study. We have conducted polypectomy on women of age group 25- 45 years who came for gynecological consultation for the complaints of heavy menstrual or inter menstrual bleeding or infertility with either sonographic evidence of polyp or seen on diagnostic hysteroscopy.

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Procedures:-

Diagnostic Curettage:

1. Basic and blind procedure
2. No fluids used
3. Confirmation with hysteroscopy was required
4. Repeated if incomplete resection occurs
5. Less complications
6. Done under local anesthesia.

PROCEDURE		INFERTILITY	AUB
D & C	COMPLETE	-	10
	INCOMPLETE	-	3
SCISSORS	COMPLETE	4	14
	INCOMPLETE	1	7
MONOPOLAR WITH GLYCINE	COMPLETE	4	32
	INCOMPLETE	-	4
BIPOLAR WITH NS	COMPLETE	1	14
	INCOMPLETE	1	4

Hysteroscopic scissors & forceps removal

1. Direct visualization
2. Fluid required 5 L normal saline
3. No current used
4. Minimal damage to endometrium
5. Damage to instruments like scissor tip broken in uterine cavity
6. Injury to vascular structure can hamper the visibility

Bipolar and NS

1. Direct Visualization
2. Fluid required 4-6 L NS
3. Visibility less compared to monopolar
4. Fluid Deficit 1-1.5 L

Monopolar and glycine

1. Better visibility
2. Fluid required 3-4 L of glycine
3. Complications: 1.Perforation. 2. Fluid deficit <700ml
4. Better suited for surgeon

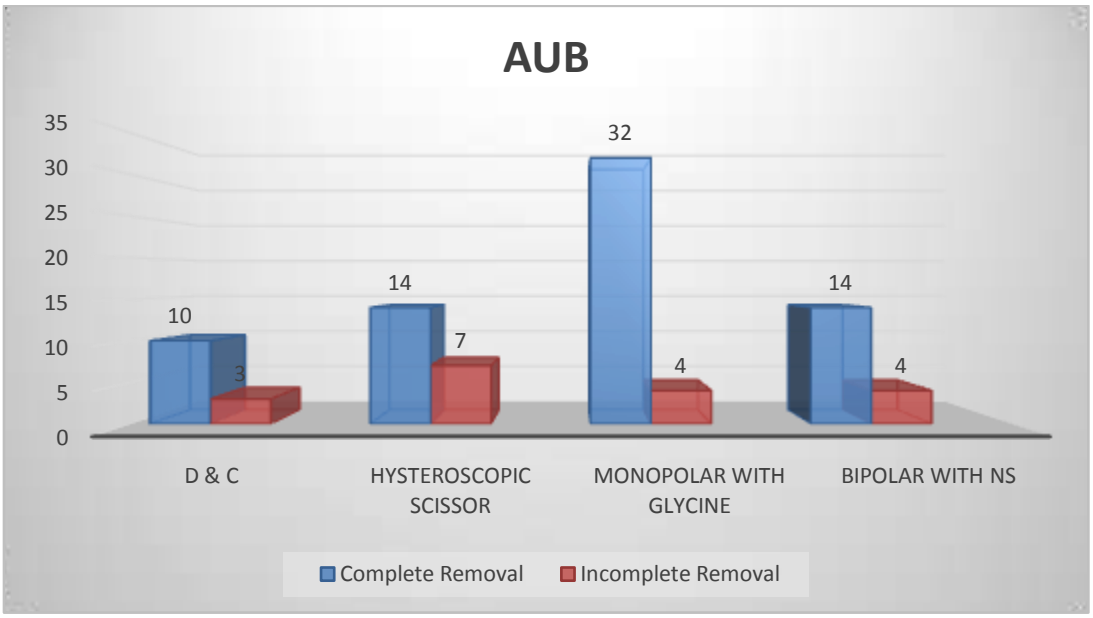
Materials:-

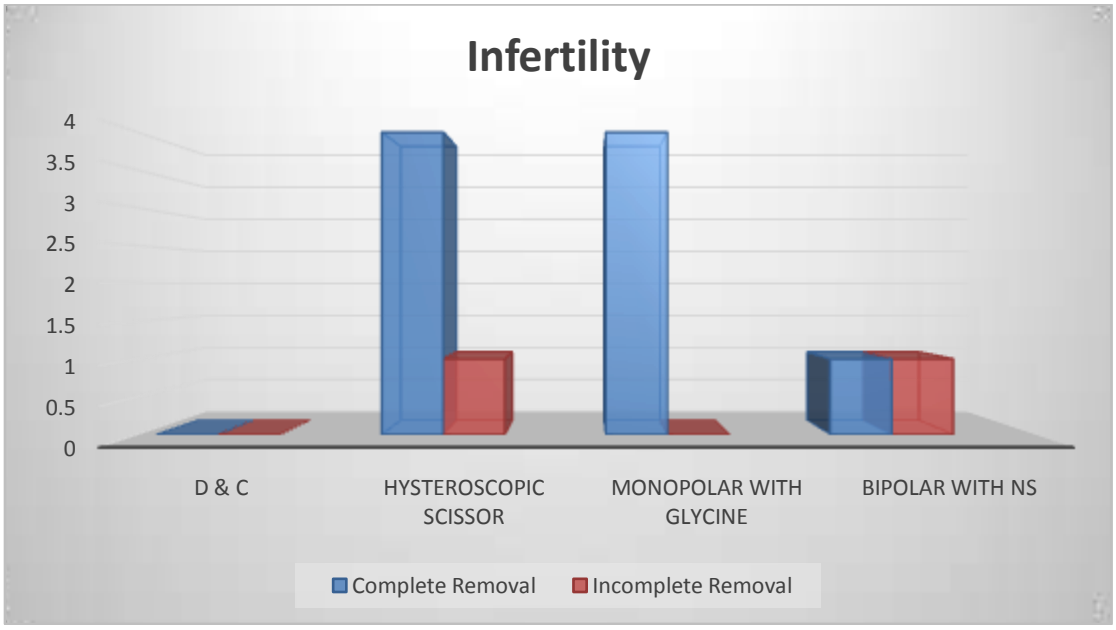
Sims Speculum, vulsellum, cervical dilators, CuretteHysteroscopic scissors, Hystero-mat, Light Source, Irrigation Fluids- Glycine & NS, Monopolar Set and Bipolar set.

Discussion:-

Endometrial polyp is a common gynaecological condition associated with infertility and abnormal uterine bleeding. With increasing use of transvaginal ultrasound as imaging modality in the outpatient clinic, endometrial polyps are diagnosed easily. It typically appears as a hyperechoic lesion. Colour Doppler may delineate the feeding vessel. Saline infusion sonography improves the diagnostic accuracy. The improved diagnostic accuracy of polyp by various methods has led to the increased use of hysteroscopy that proves to be the best diagnostic and therapeutic approach.

Results:-





Observation and Results:-

1. Total 11 out of 803 cases of Infertility and 88 out of 1507 cases of AUB presented with polyp at SKNMCC & GH Pune during January 2017 to December 2019.
2. 13 cases of D & C, 26 of scissors, 40 of monopolar with glycine and 20 of bipolar and normal saline were operated.
3. 54 cases operated by faculty and 43 case operated by residents and it was observed that procedure is equally effective in the hands of residents and expertise.
4. Effectiveness of using monopolar with glycine were superior than any other methods.

Conclusion:-

This study was conducted at tertiary care institute, where we found that endometrial polyp is found in 4% infertility cases and 15 % ofabnormal uterine bleeding cases. It was found between the age group of 25 to 45 years of age.

With availibility of resources and advancement, operative hysteroscopy with polypectomy under vision is the most effective method. In our study completeness of polyp resection was better with monopolar and glycine than other methods of polyp resection.

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