Office hysteroscopy for postmenopausal women: feasibility and correlation with transvaginal ultrasound.

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INTRODUCTION

• Endometrial cancer = 1st gynecological cancer in developed countries

• Postmenopausal bleeding
  ⇒ Endometrial cancer = 5 à 12%
    Timmermans A., Obstet Gynecol. 2010

• Recommandations :
  ⇒ Transvaginal sonography
  ⇒ Endometrial thickness Cut off : 4-5 mm
  ⇒ Hysteroscopy and/or endometrium sampling.
OBJECTIVES

• To evaluate feasibility of office hysteroscopy for postmenopausal women

• To evaluate correlation between TV-US and hysteroscopy

• To describe imaging results in case of endometrial cancer
MATERIAL AND METHODS

• Cohorte observational study
• Inclusion criteria

• Hysteroscopy:
  ◆ Dedicated office
  ◆ No anesthesia
  ◆ Vaginoscopy
  ◆ Guided biopsy

• Collected data

• Histological results:
  ◆ Endometrial biopsy
  ◆ Operative hysteroscopic resection or hysterectomy
RESULTS : Population

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
<th>PostMNP bleeding</th>
<th>No bleeding</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>470</td>
<td>350 (74,5%)</td>
<td>120 (25,5%)</td>
<td></td>
</tr>
<tr>
<td>Age (average)</td>
<td>60,58</td>
<td>59,93</td>
<td>62,48</td>
<td>0,01</td>
</tr>
<tr>
<td>BMI (average)</td>
<td>28,74</td>
<td>29,44</td>
<td>26,63</td>
<td>&lt;0,01</td>
</tr>
<tr>
<td>Mean time since menopause</td>
<td>9,8</td>
<td>11,04</td>
<td>9,12</td>
<td>0,10</td>
</tr>
<tr>
<td>Use of HRT (currently)</td>
<td>55 (11,7%)</td>
<td>47</td>
<td>8</td>
<td>0,047</td>
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RESULTS : Feasibility

• Success rate = 76.4% (359 women)

• Factors associated with hysteroscopic failure
  • No bleeding: 36.7% vs 19.1% (p<0.001)
  • BMI<25 (p=0.04)
  • Menopause > 5 years (p=0.05)

• Factors not associated with hysteroscopic failure
  • Age (p=0.14)
  • Parity (p=0.51)
  • Use of HRT (p=0.31)
RESULTATS : correlation between TV-US and hysteroscopy

• Correlation level for the item « uterine abnormality detected » = 68,5%

⇒ In case of normal TV-US, hysteroscopy is abnormal in 39,8%

⇒ TV-US performance :

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RESULTATS : correlation between TV-US and hysteroscopy

• Correlation level for the item « uterine abnormality detected » = 68,5%
  Cohen’s Kappa=0.28

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46 CANCER (9.8%)
RESULTS: cancer

Post menopausal bleeding

YES
n = 44 cancer

NO
n = 2 cancer

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TV-US: endometrial thickness

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<th>≤4mm</th>
<th>&gt;4mm</th>
<th>No TV-US</th>
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<td>n= 6 Cancer</td>
<td>n= 27 Cancer</td>
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**RESULTS**: cancer

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TV-US: endometrial thickness

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<th>Thick Endometrium + No bleeding</th>
<th>Only 1 cancer</th>
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<td>(1.8%)</td>
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- ≤ 4mm n= 6 Cancer
- No TV-US n= 13 Cancer
- >4mm n= 27 Cancer

= 54 women

n= 2 cancer

n= 44 cancer
DISCUSSION

• Failure rate seems high: what do we find in published studies?

  • 202 postMNP women, failure=5.4%  \textit{Nagele F. 1996}
  • 360 women, failure=5.8%  \textit{Wieser F. 1999}
  • 88 women, failure=17.8%  \textit{Sousa R. 2001}

• Endometrial thickness limit is still debated
  \Rightarrow 2 méta-analysis

  \textit{Smith-Bindman R. 1998}
  \textit{Timmermans A. 2010}
CONCLUSION

• Correlation between TV-US and hysteroscopy is low
• Office hysteroscopy is feasible
• Cancer are diagnosed even with endometrial thickness < 4mm
  ⇒ Hysteroscopy should be proposed to all women with postMNP bleeding

• Cancer rate is <2% in case of endometrial thickness > 5mm without bleeding
  ⇒ Systematic TV-US should not be performed for postMNP women without bleeding