Revisiting Diagnostic and Therapeutic Challenges in Asherman's syndrome – A retrospective analysis of 5 years

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Abstract
Background:
Aim:
This study was undertaken to review the clinical features,Surgical difficulties,complications and treatment outcome in patients diagnosed with Asherman's syndrome at our Laparoscopy centre.

Materials and Methods:
This is a retrospective study of cases of Asherman's syndrome managed in last 5 years. Sociodemographic and clinical information relating to clinical presentations, treatment modalities, and outcomes were collated.

Results:
Out of 21 women, 59% were in their third decade and 85.9% were multiparous.. The most common risk factor was pregnancy-associated, accounting for 61.5%.. Infertility and hypomenorrhea were the most common mode of presentations in 55.1% and 32.1% of cases, respectively. 95.9% were treated by hysteroscopic adhesiolysis followed by either Foley's catheter insertion & estrogen-progesterone combination or Copper T with hormones or stem cell instillation. It was found that Copper T with hormones had maximum success rates. Majority required 3 second Hysteroscopies to restore adequate uterine cavity.Correction of menses was seen in 71.2% of the patients while the pregnancy rate was 32.1% . On binary logistic regression age of the women, multigravidity, and previous pelvic surgeries for pregnancy (C/S and D/C for abortion) emerged as the only related risk factors associated with the development of Asherman's syndrome.

Conclusion:
Early recognisition of clinical symptoms and treatment can restore fertility potential and menstrual functions. Hysteroscopic adhesiolysis is the Gold Standard for diagnosis, classification, and treatment of Asherman's syndrome.