



Asherman's Syndrome

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▶ Causes of Asherman's syndrome ◀

According to the International Asherman's association, about 90% of cases of Asherman's syndrome follow dilation and curettage.

Dilation and curettage are usually performed following an incomplete abortion, delivery after which the placenta remains, or elective abortion.

- ▶ In general, the cause of this disease can be considered the following:

- ▶ Scar tissue from uterine surgery, such as dilation and curettage. (this is more than 90% of Asherman syndrome.)

- ▶ Scar tissue after cesarean section or sutures is used to prevent bleeding.
 - ▶ Endometriosis
 - ▶ Infections of the reproductive organs
 - ▶ Radiotherapy

▶ Diagnosis of Asherman syndrome ◀

If the doctor suspects Asherman syndrome, they usually take a blood sample first to rule out other things that may be causing the symptoms. They may also use ultrasound to check the thickness of the lining of the uterus and follicles.

Hysteroscopy is probably the best method to use in the diagnosis of Asherman syndrome.

The doctor may also recommend a hysterosalpingogram (HSG). HSG can be used to help the doctor monitor the condition of the uterus and fallopian tubes. During this procedure, a special dye is injected into the uterus so that the doctor can diagnose problems in the uterine cavity or the growth or blockage of the fallopian tubes with X-rays recognize.



Talk to the doctor about testing for this condition if:

- ▶ Uterine surgery before and the period is irregular or stopped.
- ▶ Recurrent miscarriages.
- ▶ Having trouble getting pregnant.


▶ Prevention of Asherman syndrome ◀

The best way to prevent Asherman's syndrome is to avoid the D and C methods. (The dilation and curettage method is called C&D for short.)

In most cases, medical evacuation should be chosen following a missed or incomplete abortion, placenta, or postpartum hemorrhage. If C and D are needed, the surgeon can use ultrasound to guide them and reduce uterine injury risk.

▶ Treatment of Asherman syndrome ◀

Asherman's syndrome can be treated using a surgical procedure called surgical hysteroscopy. A small surgical instrument is attached to the end of a hysteroscope and used to remove the adhesion. This procedure is always performed under general anesthesia.



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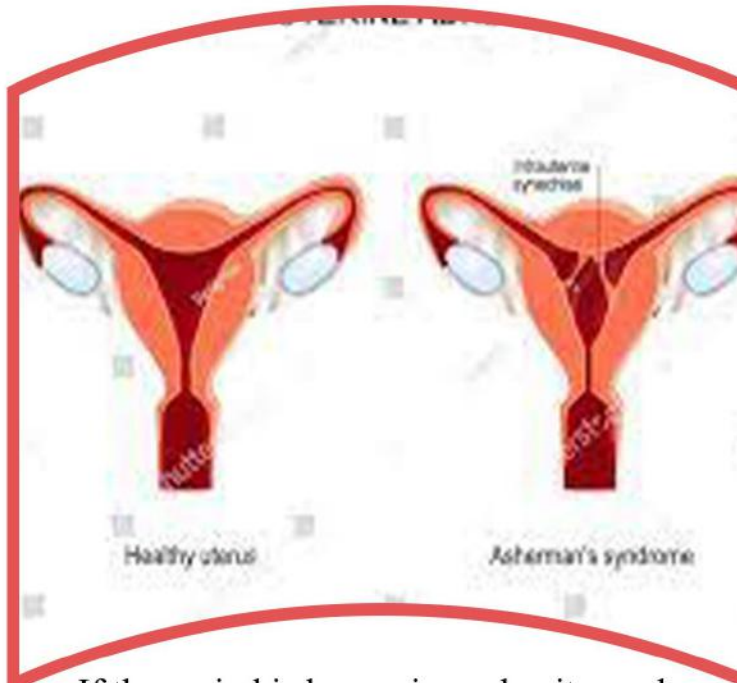


► Symptoms of Asherman syndrome ◀

The majority of women with Asherman's syndrome have few or no periods. Some women are in pain when they have a period, but they are not bleeding. The blood cannot come out of the uterus because the outlet is blocked by scar tissue.

Asherman's syndrome is an uncommon and acquired gynecological disease characterized by changes in the menstrual cycle. Patients experience decreased menstrual flow, increased muscle cramps and abdominal pain, eventual cessation of the menstrual cycle (amenorrhea), and in many cases, infertility. Most of these symptoms result from the severe inflammation of the uterus lining (endometritis) caused by scar tissue streaks. These strips attach parts of the walls of the uterus, thus reducing the volume of the uterus.

Asherman's syndrome, and indeed endometrial ulcers and intrauterine adhesions, may be the result of surgical resection or cleaning of uterine wall tissue (dilation and curettage), as well as endometrial infection (e.g., in tuberculosis) or other factors.



If the period is low or irregular, it may be due to another illness, such as:

- Pregnancy
- High blood pressure
- Sudden weight loss
 - Obesity
- Exercise too much
- Taking birth control pills
 - Menopause
- Polycystic ovary syndrome (PCOS)