

HYSTEROSCOPIC MANAGEMENT OF RETAINED PRODUCTS OF CONCEPTION: AN EMERGING METHOD

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Introduction

Retained products of conception (RPOC) are defined by abnormal trophoblastic persistence or retained placenta inside the uterine cavity after a pregnancy, independently of its outcome.

The most common presentation is abnormal uterine bleeding, but women can also refer amenorrhea, pelvic pain, fever, abnormal vaginal discharge or be asymptomatic.

Management of RPOC may be either expectant, medical or surgical. **Surgical options include blind curettage, ultrasound guided curettage or hysteroscopy under direct vision.**

1%

Overall incidence.



OPTIMAL METHOD:

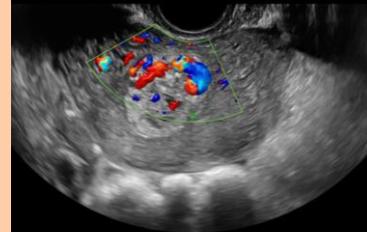
Complete evacuation of the uterine cavity + Minimal endometrial trauma.



- Second trimester.

- After termination of pregnancy.

Figure I



Ultrasonographic pattern of RPOC with 34*29*33mm showing type 3 vascularity by color Doppler.

Material and Methods

Unicentric retrospective analysis of all RPOC cases managed by operative hysteroscopy.



26Fr, Karl Storz GmbH & Co. resectoscope assembled to a 4mm cutting loop:

MECHANICAL REMOVAL



Describe clinical and ultrasound characteristics.

Review histological findings, procedure complications and later conception records.

Figure II



Hysteroscopic pattern of retained trophoblastic tissue adherent to the anterior uterine wall, 63 days after delivery.

Results

17 cases:

Mean age 34,4± 6,6 years.

Mean 79,6 days after completion of the preceding pregnancy.

Most common presentations:

-> Abnormal uterine bleeding.

-> Vaginal discharge.

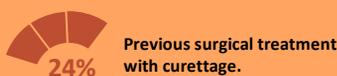
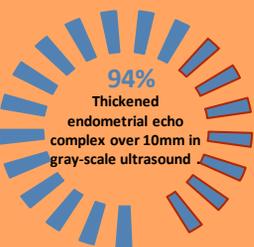
12% Second trimester spontaneous abortion

24% After delivery



59% First trimester spontaneous abortion

6% Voluntary termination of pregnancy



Use of bipolar energy (1)

False passage creations (2)

Postoperative endometritis (1)

41% Type 3 vascularity by color Doppler.

100% Histopathologic RPOC confirmation.

29% Post-operative pregnancies (maximum follow-up period of 37 months).

Figure III



Detailed view of the 4 mm loop used as curette: mechanical removal of RPOC.

Figure IV



Ultrasonographic reevaluation 4 weeks after procedure.

Discussion and Conclusions

Our data reinforce recent studies that suggest **hysteroscopic resection as a safer, highly efficient surgical option** for the management of RPOC with advantages over traditional curettage.

This analysis has limitations: retrospective design, reduced sample size and short follow-up period, but **complications remained rare and easily managed**.

Pre and postoperative protocols guided by vaginal ultrasound with color Doppler may improve the role of this technique in daily management of RPOC.

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