**HYSTEROSCOPIC MANAGEMENT OF RETAINED PRODUCTS OF CONCEPTION: AN EMERGING METHOD**

**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.

![Optimal Method: Complete evacuation of the uterine cavity + Minimal endometrial trauma.](image)

**Material and Methods**

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

![Figures I, II, III, IV: Ultrasonographic pattern of RPOC with 34°29’33mm showing type 3 vascularity by color Doppler.](images)

**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.

![Diagram: Type 3 vascularity by color Doppler.](image)

**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.