

Understanding endometrial adhesions: Causes, symptoms and treatment.

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Introduction

Endometrial adhesions, also known as intrauterine adhesions or Asherman's syndrome, are a gynecological condition characterized by the formation of scar tissue within the uterine cavity. These adhesions can lead to various menstrual and fertility problems, making them a topic of concern for many women. In this article, we will delve into the causes, symptoms, diagnosis, and treatment options for endometrial adhesions [1].

One of the most common causes of endometrial adhesions is prior uterine surgery. Procedures like dilation and curettage (D&C), myomectomy (fibroid removal), or even cesarean sections can result in scarring within the uterine cavity. Infections of the uterine lining, such as endometritis, can cause inflammation and lead to the formation of adhesions. Incomplete miscarriages or repeated miscarriages can leave tissue remnants that can result in adhesions. Intrauterine device (IUD) placement, especially if done improperly, can cause trauma to the uterine lining, leading to adhesions [2].

Women with endometrial adhesions may experience lighter or shorter menstrual periods. In some cases, periods may stop altogether (amenorrhea). Pain or discomfort in the lower abdomen, especially during menstruation or sexual intercourse, is a common symptom. Adhesions can interfere with the ability of a fertilized egg to implant in the uterine lining, leading to infertility. Women with endometrial adhesions may be more prone to recurrent miscarriages due to an unfavourable uterine environment for implantation. Adhesions can cause chronic pelvic pain that may worsen over time if left untreated [3].

Diagnosing endometrial adhesions typically involves a combination of medical history, physical examination, and imaging studies. The following diagnostic methods may be employed: This is the gold standard for diagnosing endometrial adhesions. A hysteroscope is a thin, flexible tube with a camera that is inserted through the cervix into the uterus to visualize the uterine cavity directly. Transvaginal ultrasound can provide images of the uterus and may reveal the presence of adhesions, especially in severe cases. This involves injecting sterile saline into the uterus before performing a transvaginal ultrasound. It can help in visualizing adhesions more clearly [4].

Magnetic resonance imaging (MRI) can also be used to identify and evaluate the extent of adhesions, especially in complex cases. The treatment approach for endometrial

adhesions depends on their severity and the patient's specific circumstances. Common treatment options include:

In cases of mild to moderate adhesions, a hysteroscopic procedure can be performed to remove the scar tissue. The procedure involves inserting a thin instrument through the cervix to break and remove the adhesions.

After adhesion removal, hormonal therapy, such as estrogen therapy, may be prescribed to promote the healing and regeneration of the uterine lining.

In some cases, a specially designed IUD called a copper T may be placed to prevent adhesions from recurring. This IUD does not contain hormones and is intended to keep the uterine walls separated. In severe cases of endometrial adhesions, especially when they are causing significant symptoms or infertility, more extensive surgical procedures may be necessary.

These may include adhesiolysis (surgical removal of adhesions) or even reconstructive surgery for severe cases. For women struggling with infertility due to endometrial adhesions, assisted reproductive technologies like in vitro fertilization (IVF) may be recommended. [5].

Conclusion

Endometrial adhesions can significantly impact a woman's reproductive health and quality of life. Early diagnosis and appropriate treatment are essential to mitigate the symptoms and improve fertility outcomes. Women experiencing symptoms such as menstrual irregularities, pelvic pain, or infertility should seek medical evaluation and discuss their concerns with a healthcare provider. With the right diagnosis and treatment plan, many women can regain their uterine health and fertility.

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