

Review article

Uterine polypectomy in the management of abnormal uterine bleeding: A systematic review

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Polyps;
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Abstract

In order to assess the efficacy of uterine polypectomy in the treatment of abnormal uterine bleeding (AUB), we conducted a systematic review of the published literature. Relevant papers were identified through electronic scanning of MEDLINE (1966–2004), EMBASE (1980–2004), and the Cochrane Library, and manual searching of bibliographies of known primary and review articles. Studies were selected if the efficacy of uterine polypectomy in treating women with AUB (menstrual dysfunction, postmenopausal bleeding with or without hormone replacement/tamoxifen therapy) was estimated. Study selection, quality assessment, and data abstraction were performed independently and in duplicate. The main outcomes measured were relief of AUB symptoms measured in general terms (improvement from baseline, normalization of bleeding patterns) and patient satisfaction. Secondary outcomes included technical feasibility and complications. Ten uncontrolled observational studies with 617 women were identified. No randomized trials were found. The methodologic quality of included studies was poor. Hysteroscopic resection under general anesthesia was used to remove intrauterine polyps in all studies, although outpatient approaches with local anesthetic also were employed in three of these case series. No technical failures were reported, but three complications including one uterine perforation were described. All studies reported an improvement in symptoms of AUB after polypectomy (range 75%–100%) at follow-up intervals of between 2 and 52 months. A single study compared outpatient polyp removal under local anesthesia with inpatient, general anesthetic treatment and detected no significant difference in treatment outcomes ($p = 0.7$). It was only possible to stratify treatment outcome according to type of AUB in one small study, which detected no significant difference between polypectomy for menstrual dysfunction or postmenopausal bleeding ($p = 0.2$). In conclusion, there is a lack of high-quality evidence to reliably inform clinical practice regarding the efficacy of intrauterine polypectomy in women with AUB. The limited available evidence suggests that hysteroscopic polypectomy is a technically successful procedure that improves AUB symptoms. Further research in the form of a multicenter, randomized, controlled trial, stratified by technique, setting, and pattern of AUB, is required to assess the short- and long-term effects of this commonly practiced intervention. © 2006 AAGL. All rights reserved.

The widespread use of ultrasound and hysteroscopy in the investigation of women with abnormal uterine bleeding

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(AUB) has demonstrated that intrauterine polyps are associated with such symptoms in 25% of patients.¹ The overwhelming majority of gynecologists advocate removal of endometrial polyps with the aim of treating symptoms of AUB and obtaining histology in order to exclude serious endometrial disease.² In addition, polypectomy is generally considered to be an easy operation, and this consideration may contribute to the extensive use of the procedure. How-

ever, the rationale for universal surgical intervention may be misplaced for a number of reasons. First, endometrial polyps are found in up to 10% of asymptomatic women and thus may not be causative of AUB.³ Second, smaller polyps may regress spontaneously^{4,5} and third, removal can be associated with surgical morbidity.⁶ Finally, the prevalence of serious endometrial disease, such as cancer or atypical hyperplasia, within polyps is low (generally thought to be <2% in a typical symptomatic population),^{5,7} and any such neoplastic change may be excluded with a reasonable degree of accuracy during diagnostic hysteroscopy.⁸

Despite the ubiquity of uterine polypectomy within gynecologic practice and its heavy associated resource use, we were unaware of any robust data supporting its use. Moreover, the effectiveness of uterine polypectomy may be dependent upon the type of AUB. For example, women of reproductive age with excessive, irregular, or intermenstrual bleeding may respond differently than postmenopausal women with unscheduled bleeding with or without concomitant use of hormone replacement or tamoxifen therapy. The utility of polyp removal is further confused by the variety of surgical approaches now available.² These include traditional “blind” avulsion or curettage⁹ as well as contemporary hysteroscopic resection with mechanical or electrosurgical equipment under general or local anaesthesia.^{10,11} We therefore undertook a systematic review of the relevant literature on uterine polypectomy in the management of AUB in order to better inform clinical practice as regards treatment efficacy and explore reasons for any heterogeneity.

Methods

Study identification

General bibliographic databases MEDLINE (1966–September 2004) and EMBASE (1980–December 2004) were searched. The medical subject heading (MeSH) for the term *polyps* was combined with the textwords (*endometrium* or *uterus*) and (*surgery* or *curettage* or *hysteroscopy*). Language restrictions were not applied. In addition, the Cochrane Library (issue 2, 2004) was searched. Reference lists of all known reviews and primary studies were checked.

Study selection

Selection of studies was achieved in a two-stage process by two independent reviewers (both authors). Stage I involved identifying titles and abstracts as potentially relevant from bibliographic database searches, and they were provisionally included unless they could be clearly excluded as not addressing the issue at hand. Study selection criteria included:

- *Population:* Women with intrauterine endometrial polyps in association with AUB (i.e., women of reproductive age with excessive or irregular menses or intermenstrual

bleeding, women with heavy or unscheduled bleeding on hormone replacement or tamoxifen therapy, and those with postmenopausal bleeding);

- *Intervention:* Uterine polypectomy (dilatation and curettage, blind avulsion, or hysteroscopic removal); and
- *Outcome:* Relief of AUB symptoms and patient satisfaction.

All provisionally included articles from stage I had full text of the articles retrieved (stage II). Final inclusion or exclusion decisions were made on the basis of the listed criteria of population, intervention, and outcome. The study-selection process was performed by two reviewers independently (both authors), and disagreements were resolved by consensus. In cases of exact duplication (i.e., where the same data were published in two or more reports), only the most recent versions were selected.

The strength of agreement between reviewers taking into account the play of chance were computed using the kappa statistic (agreement is considered good if > 0.6 and very good if > 0.8).¹²

Study quality assessment

All papers meeting the eligibility criteria were assessed for their methodologic quality, which involved scrutinizing study designs and the relevant features of population, intervention, and outcome. These features included:

- *Study design:* Randomized, controlled trials where intervention (uterine polypectomy) was compared with no intervention were considered ideal. Controlled and uncontrolled observational series were considered second best.
- *Data collection:* Prospective collection of data were considered ideal; retrospective collection was considered second best.
- *Patient selection:* Consecutive recruitment was considered ideal. Convenience sampling (nonconsecutive recruitment) was deemed second best. If method of recruitment was not explicit, the article was categorized as unclearly reported.
- *Population details:* It was considered adequate if the number of participants and type of AUB (including menopausal status and use of hormone replacement therapy) were reported, and inadequate if not reported.
- *Description of intervention:* It was considered adequate if technique, setting, and type of anesthesia were reported so as to allow replication by other researchers.
- *Outcome measure:* The primary outcome was relief of AUB symptoms measured in general terms (improvement from baseline, normalization of bleeding patterns), or by specific measurement scales (e.g., menorrhagia scores, pictorial blood-assessment charts), or by patient satisfaction, and it was considered adequate if the methodology was explicit and timing of measurement was stated so as to allow replication by other researchers.
- *Follow-up:* Withdrawal of women from the study, missing data, and lack of outcome data were categorized as

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