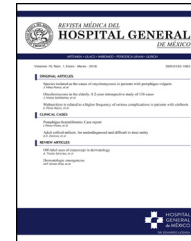




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ORIGINAL ARTICLE

Prevalence of uterine diseases in healthy women with hysteroscopy as part of routine gynecological evaluation

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KEYWORDS

Hysteroscopy;
Regular gynecological
examination;
Uterine pathology

Abstract

Background: Hysteroscopy is a clinical procedure that allows a gynecologist to see inside the uterus through endoscopy. This can be done for diagnosis or treatment of intrauterine conditions and as a method of surgery.

Purpose: To establish the prevalence of uterine disease in a group of healthy patients who underwent hysteroscopy as part of their gynecological examination.

Materials and methods: It was an observational study. 18 patients who attended a regular consultation provided by the clinical services of Gynecology and Obstetrics of the General Hospital Pemex Picacho were studied; a hysteroscopy was performed in 7 (38.8%) patients who only attended a usual gynecological examination, were asymptomatic and were without known gynecological pathology.

Results: When performing hysteroscopy, 6 (85.7%) patients with gynecological pathology not previously known were found. The disease most commonly found in this sample was the internal cervical stenosis (28.5%).

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PALABRAS CLAVE

Histeroscopia;
Examen ginecológico
habitual;
Patologías uterinas

Conclusions: Hysteroscopy showed a high prevalence of detecting uterine pathologies that were never previously described in a population of healthy women in a common sample of patients attending the outpatient Hospital Pemex Picacho.

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Prevalencia de patologías uterinas en mujeres sanas con histeroscopia como parte de evaluación ginecológica habitual

Resumen

Antecedentes: La histeroscopia es un procedimiento clínico que le permite a un ginecólogo ver el interior del útero por medio de una endoscopia. Este procedimiento puede realizarse con fines de diagnóstico o para tratamientos de patologías intrauterinas y como método de intervención quirúrgica.

Objetivo: Establecer la prevalencia de enfermedades uterinas en un grupo de pacientes sanas que se les realiza una histeroscopia como parte de su revisión ginecológica.

Material y métodos: Estudio experimental, observacional, se estudiaron a 18 pacientes que acudieron a una consulta habitual por parte del servicio de Ginecología y Obstetricia del Hospital General de Pemex Picacho, se realizó histeroscopia a 7 (38.8%) pacientes que solo acudieron a revisión ginecológica habitual, asintomáticas y sin patología ginecológica conocida.

Resultados: Al realizar una histeroscopia se encontró a 6 (85.7%) pacientes con patología ginecológica antes no conocida. La patología más frecuentemente encontrada en esta muestra fue la de estenosis cervical interna (28.5%).

Conclusiones: La histeroscopia mostro una alta prevalencia de detección de patologías uterinas nunca previamente descrita en una población de mujeres sanas dentro de una muestra habitual de pacientes que acuden a consulta externa del Hospital Pemex Picacho.

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Background

Hysteroscopy is a clinical procedure that allows gynecologist to perform an exploration of the uterine cavity through an endoscopy. This can be done for diagnosis or treatment of diseases and as an intrauterine surgery method. First developed in 1865, the first operation performed with a hysteroscope was the removal of uterine polyps in 1869.¹⁻³

The hysteroscope has an optical system, usually connected to a VCR and is luminogenic, with transmission by optical fibers. The gynecologist inserts a lens to view the inside of the uterus; this lens you may connect to a camera to view the image on a monitor. The camera, in turn, can be connected to a VCR, DVD recorder or other recording device video.⁴⁻⁸

Saline, sorbitol or dextrose solution or carbon dioxide is used to distend the uterine cavity; currently, a physiological solution is most often used. After cervical expansion, hysteroscope is guided into the uterine cavity for inspection. If abnormalities are found, it proceeds with the channel of the hysteroscope where you can introduce specialized surgical instruments, such as scissors, tweezers and bipolar electrodes, to operate in the cavity uterina.⁹⁻¹²

Previously, an intervention by hysteroscopy was always performed under general anesthesia, whereas diagnostic

hysteroscopy using smaller caliber instruments and being non-invasive was performed without anesthesia. However, nowadays, small diameter (3 mm) hysteroscopes have been developed to allow interventions in the query without the need for anesthesia, with a total duration of the procedure no more than twenty minutes.¹³⁻²⁵

Primary objective

To establish the prevalence of uterine disease in a sample of healthy patients who underwent a hysteroscopy as part of a gynecological examination.

Specific objectives

1. To determine uterine pathology most frequently found in a group of healthy patients.
2. To determine the correlation between age and degree of referred pain in hysteroscopy.
3. To determine the correlation between the degree of pain in healthy patients undergoing hysteroscopy with the time taken by the procedure.

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