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Abstract

In developed countries, Asherman's Syndrome is almost always the result of a prior
intrauterine operative trauma. This is often asymptomatic but may result in hypo- or
amenorrhea and can contribute to infertility and pregnancy complications. We will
review their etiology, clinical implications, and the systems which have been proposed
to classify their extent. The numerous methods reported for performing lysis of
intrauterine adhesions will be summarized along with the clinical results. Current
strategies to prevent recurrence of intrauterine adhesions have not been conclusively
shown to be clinically effective but the potential for endometrial regeneration using stem
cells is an exciting modality under investigation.

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