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### Original article

# Should hysteroscopy be combined with laparoscopy in endometriosis associated infertility?

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#### ABSTRACT

**Objectives:** The aim of this study was to evaluate the uterine cavity in cases of endometriosis associated infertility using office hysteroscopy.

**Study design:** A retrospective observational analytical study.

**Patients and methods:** The study conducted on 50 women with endometriosis diagnosed by laparoscopy seeking fertility treatment between December 2013 and October 2015. The study was approved from Ethical committee board of the faculty of Medicine Alexandria University. After explanation of the study objectives and procedures to all eligible women, informed written consent was signed. Thorough history taking, clinical examination and vaginal ultrasound examination was conducted to all participants. Office Hysteroscopy was done in the early proliferative phase using normal saline as a distention medium. All data were pulled from the reports at Elshatby Maternity University Hospital.

**Results:** The age of the study group was ranging from 20 to 34 years with the mean of 29 years  $\pm$  3 years. 42 cases were primary infertility counting for 84% of patients and 8 cases were secondary infertility counting for 16% of patients. This reflects the strong impact of endometriosis on fertility. Normal uterine cavity was diagnosed in 35 cases representing 70% of the studied patients group. 10 cases had endometrial polyps representing 20% of the studied patients group. 5 cases had a uterine septum representing 10% of the studied patients group. 2 cases had a hypoplastic uterus in addition to uterine septum representing 4% of the studied patients group. Normal uterine cavity were diagnosed using hysteroscopy in 63.0% (18/23) in women having ovarian endometrioma while this normality was 78.3% (17/27) in women without endometrioma however, The prevalence of endometrial polyp was 25.9% in cases with endometrioma and 13% in cases without endometrioma. Cases with a uterine septum were 7.4% (2/23) of cases having ovarian endometrioma and 13.0% (3/27) of cases without it. Two cases with endometrioma out of 23 cases were diagnosed to have hypoplastic uterus. No uterine abnormalities were found in stage 1 endometriosis in contrast to the presence of 53.2% of patients with a uterine abnormality in stage 2. Also stage 3 patients were all having a normal uterine cavity while only 72.4% of patients with stage 4.

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**Conclusion:** From the results of this study we can conclude that there is a High prevalence of endometrial polyps in cases of endometriosis. Also there is a High prevalence of uterine anomalies in cases of endometriosis. Still, we neither cannot recommend hysteroscopy as a routine in any endometriosis patient undergoing laparoscopy.

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## A histeroscopia deve ser combinada à laparoscopia em caso de infertilidade associada à endometriose?

### R E S U M O

*Palavras-chave:*  
Endometriose  
Cavidade uterina  
Histeroscopia

**Objetivos:** Avaliar a cavidade uterina em casos de infertilidade associada à endometriose, com uso da histeroscopia no consultório.

**Modelo de estudo:** Retrospectivo analítico observacional.

**Pacientes e métodos:** Foi feito em 50 mulheres com endometriose diagnosticada por laparoscopia e que estavam em busca de tratamento de fertilidade entre dezembro de 2013 e outubro de 2015. O estudo foi aprovado pela Comissão de Ética da Faculdade de Medicina, Universidade de Alexandria. Em seguida à explicação dos objetivos e procedimentos do estudo a todas as mulheres qualificadas, foi obtido consentimento livre e informado por escrito. Em todas as pacientes foi obtida uma história minuciosa e foram feitos o exame clínico e um exame vaginal por ultrassom. A histeroscopia no consultório foi efetuada na fase proliferativa inicial; empregamos salina normal como meio de distensão. Todos os dados foram obtidos de prontuários no Hospital Universitário-Maternidade Elshatby.

**Resultados:** A faixa do grupo de estudo foi de 20-34 anos, com média de  $29 \pm 3$ . Foram diagnosticados 42 casos de infertilidade primária (84% das pacientes) e 8 de secundária (16%). Esse achado reflete o vigoroso impacto da endometriose na fertilidade. No grupo de pacientes estudadas, foram observados: cavidade uterina normal em 35 casos (70%), pólipos endometriais em 10 casos (20%), septo uterino em 5 casos (10%) e útero hipoplásico, além de septo uterino, em 2 casos (4%). Cavidades uterinas normais foram diagnosticadas por histeroscopia em 63% (18/23) das mulheres com endometrioma ovariano, mas em 78,3% (17/27) das mulheres sem endometrioma. A prevalência de pólipos endometriais foi de 25,9% nos casos com endometrioma e de 13% nos casos sem endometrioma. Septo uterino foi diagnosticado em 7,4% (2/23) dos casos com endometrioma ovariano e em 13% (3/27) dos casos sem essa doença. Dos 23 casos com endometrioma, 2 mulheres foram diagnosticadas com útero hipoplásico. Não foram observadas anormalidades uterinas nas pacientes com endometriose de estágio I, em contraste com a presença de 53,2% das pacientes com uma anormalidade uterina no estágio 2. Todas as pacientes no estágio 3 tinham cavidade uterina normal, enquanto que esse achado ocorreu em apenas 72,4% das pacientes no estágio 4.

**Conclusão:** Há alta prevalência de pólipos endometriais em casos de endometriose. Do mesmo modo, há grande prevalência de anomalias uterinas em casos de endometriose. Ainda assim, não podemos recomendar a histeroscopia como procedimento de rotina em qualquer paciente com endometriose que passe por uma laparoscopia.

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## Background

The association between endometriosis and infertility is complex and controversial. Virtually every aspect of reproduction in women with endometriosis has been investigated. Although advanced stages of endometriosis may manifest easily recognizable infertility factors, such as tubal distortion/obstruction, the mechanisms underlying reproductive dysfunction in women with minimal or mild endometriosis are more subtle.<sup>1</sup>

Several studies have suggested an impairment of implantation in patients with endometriosis. This may be due to intrinsic deficiencies within the uterus, extrinsic cofactors such as the peritoneal fluid, oocytes or the embryos themselves.<sup>2</sup> Evidence suggests that eutopic endometrium from women with endometriosis has some fundamental differences compared to eutopic endometrium from women without endometriosis. These include a variety of anomalies in structure, proliferation, immune components, adhesion molecules, proteolytic enzymes, steroid and cytokine production and responsiveness, gene expression and protein

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