Asherman syndrome: retrospective audit of a single-operator cohort of 424 cases

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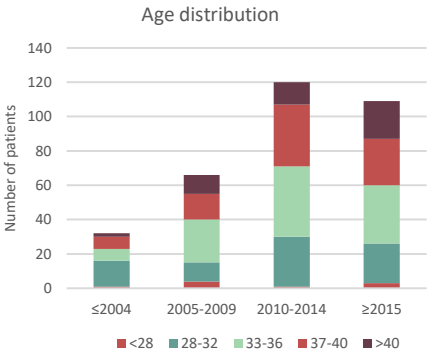
Introduction

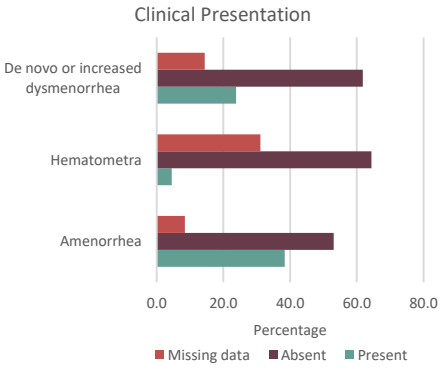
Asherman syndrome was first described as a syndrome of traumatic amenorrhea. However, in our experience amenorrhea is not a necessary element. The aim of our retrospective audit was to provide recent data on clinical presentation, evolution of treatment and pregnancy outcome.

Method

The records of 424 patients from July 1998 to December 2017 who had been treated by a single operator (TV) were retrospectively reviewed. Data including patient demographics, clinical presentation, stage of disease, number of treatments, type of treatment and pregnancy outcome were collected. The staging system previously described by Wamsteker in 1984 was used[1].
For longitudinal analysis of the data, we grouped the patients into five-year blocks. The first block up to the end of 2004 also includes the few patients from before 2000 and the last block is only two years long (2016, 2017). A minimum of one-year follow-up was available.
Analyses were performed by descriptive statistics and chi-squared test.

Results





Although there is an upward trend in the age of patients, this was not statistically significant. However, there was a clear increase in proportion of patients over the age of 40 in each sub-group.
Contrary to popular teaching, the majority of patients did not report amenorrhea (225/424) and of those with available recent sonography, 64.4% did not have a hematometra.
The most common initiating events were miscarriage related interventions (49.5%) and post-partum removal of placental remnants within one week of delivery (24.1%). Other triggers included hysteroscopic septum resection or myomectomy, myomectomy by laparotomy, caesarean section complicated by haemorrhage requiring further intervention, uterine artery embolization and intrauterine infection.
Conception outcome was available for 246 of the 424 cases. Pregnancy was achieved in 215/246 (87.4%). The success rate over time increases from 81.5% in 2004 and 80.0% in 2009, to 95.2% in 2014 ($p = 0.037$). As expected, success in achieving conception was age dependent. Mean age was 34.73 in those successful versus 36.99 in those unsuccessful ($p = 0.011$). Patients with stage II disease did best with a success rate of 94.5% ($p = 0.029$), followed by stage III at 86.0%, stage I at 85.2% and stage IV with 74.1%. There was no statistically significant difference between the latter three groups. The success rate for those patients who developed intra-uterine adhesions unrelated to pregnancy (32/361 patients with documented trigger event) is 43.8%, significantly lower than the overall cohort.

Discussion

There is no typical presentation for Asherman syndrome and it should be at the top of the differential diagnosis list in any woman who has had a miscarriage or postpartum curettage and now fails to conceive again.

References

[1]Wamsteker K. European Society for Hysteroscopy (ESH) Classification of IUA. 1989