

## **ROLE OF TEST ABRASION IN THE DIAGNOSTICS AND TREATMENT OF FEMALE INFERTILITY**

**V. Markova, R. Yaneva, D. Arnaudov**

*Department of Obstetrics and Gynaecology, Varna*

The general check-up and precise diagnosis are very important for the successful treatment of female infertility. The introduction of the so called invasive methods of examination improved to a great extent the diagnostics of female infertility. Hysterosalpingography and test abrasion are most widely used in practice. Hysterosalpingography is preferred due to the precise data it gives about the uterus size, the outline of uterus cavity, the condition of Fallopian tubes and minimal risk for the patient. The use of only one of these methods, however, is not sufficient to discover the reason for infertility.

One of most important is the problem of early diagnostics of some malignancies, e. g. endometrium cancer, which may be provoked by the long-time effect of estrogen hormones on females with anovular cycles.

The aim of our investigation is an attempt to define the role of test abrasion in diagnostics and treatment of female infertility through comparison of the results of the performed hysterosalpingography and test abrasions in infertile female patients.

A total of 642 female patients who have undergone hysterosalpingography because of infertility were taken as control. 74% had primary sterility, the rest had secondary sterility. The average age of the examined patients was 31 years and 2 months and the duration of sterility - from 2 to 14 years. Hysterosalpingography was carried out according to the routine practice. We have used the contrast water-soluble iodized preparation "Isteropac", which we have administered into the uterus and the Fallopian tubes under scope control.

At least 2 roentgenologic images were done which were later used for the determination of pathological changes in the uterus outline.

The females in which a defect in the outlines of the cervical canal of the uterus was observed, underwent test abrasion during their next menstruation between the 23<sup>rd</sup> and the 25<sup>th</sup> day of the cycle. Our purpose was to look for synechiae which were thorn with the help of hystrometer or curette and the whole endometrial mucous membrane was abraded. The obtained material was histologically examined.

The analysis of the obtained data showed that in 63 of the pa-

tients (9,81%) there were changes in the hystero-graphic image which acquired test abrasion. In most of the patients (28 females or 44,4%) an endometrial polypus was found. The dimensions of the polypi on the hystero-graphic image varied from those of a lentile seed to those of a bean. We must underline that only 3 of the patients (10,7%) had some menstrual disturbances - polymenorrhoea or hypermenorrhoea, that is in 90% of the patients the finding was discovered through hysterosalpingography and was confirmed by test abrasion.

On the second place according to their frequency came the synechiae of the cervical canal and of uterus cavity (23 patients). Most of them had an abortion or a difficult labour in their case history.

Four of the patients had secondary amenorrhoea. That is why after the test abrasion an intrauterus pessary was installed until the menstruation was restored. The pessary was taken out after 3 regular menstrual cycles.

In 11 of the patients (17,4%) the histological diagnosis corresponded to the ovarian dysfunction. It is well known that hysteroscopy gives the most exact diagnosis of intra-uterus changes. The analysis of these cases showed an insignificant defect of the uterus outlines. We suggest that in these cases there are insignificant synechiae in the uterus.

In one case (1,6%) we discovered endometrial cancer. The patient had no complaints. She was immediately operated and the histological diagnosis was confirmed.

After the diagnostic and healing test abrasion 14 of the patients got pregnant; 12 of them got pregnant after polypectomy and 2 - after the synechiae were thorn. No one of the cases had any complications after the intervention.

The analysis of the data from the hysterosalpingography and the test abrasion allowed us to elicit the following conclusions:

1. Hysterosalpingography and test abrasion are complementary methods.

2. Test abrasion in infertile patients should be carried out always after hysterosalpingography.

3. The most usual finding in hysterosalpingography is endometrial polypus, followed by uterus synechiae.

4. If the conditions of everyday practice make hysterosalpingography impossible, test abrasion is the only method which leads to a precise and early diagnosis of endometrial cancer and polypus.