

## Letter to the Editor

### Regarding “Histopathology and Clinical Outcomes of 151 Women with Postmenopausal Bleeding Treated with Resectoscopic Surgery”

#### To the Editor:

In this retrospective study, Vilos et al [1] reported a 20-year experience of 151 women with postmenopausal bleeding. All women underwent endometrial ablation performed in an operating room with a 26F monopolar resectoscope owing to refusal, intolerance, failure of endometrial biopsy, and uncertainties or pathologies in the endometrial cavity on transvaginal ultrasound. All office endometrial samplings were performed with a 3-mm catheter and only hysteroscopic procedures were performed in the operative room.

Because no hysteroscopies were performed in an ambulatory setting, we were surprised by the statements reported in the discussion, which are not supported by study results and can mislead one against office hysteroscopy. Office hysteroscopy has been reported as successful in 93.9% of patients among a total of 31 052 women, and cervical stenosis was successfully manageable in 98.5% of the cases [2].

Moreover, the statement “directed biopsies depend on a subjective diagnosis and have a high interobserver variation in the identification of several individual parameters” is questionable and not supported by evidence [3]. The authors considered the overall failure rate of 3.6%, reported by a meta-analysis regarding the diagnostic accuracy of hysteroscopy for endometrial cancer and hyperplasia in 26 346 women, as a limitation of office hysteroscopy, but in our opinion, these data seem to be more of a strength than a limitation [1,3].

On the basis of the final diagnoses reported in the study (27.8% proliferative/secretory endometrium, 8.6% atrophy, 20.5% polyps, 7.2% adenomyosis), we believe that at least half of the entire study population would have been

successfully managed in an ambulatory setting, considering that resecting the entire endometrium in these conditions would expose patients to an unnecessary risk of surgical complications. The diagnostic and therapeutic key roles of office hysteroscopy in women with postmenopausal bleeding, with advantages in cost-effectiveness, must be underlined.

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## References

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