Asherman´s syndrome about a clinical case

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Aim:

To present the case of a 31 year old patient with secondary amenorrhea with one year after uterine curettage.

Method:

A 31 years old woman who had a miscarriage one year ago, went to uterine Curettage as a primary treatment. The patient has not presented any menstrual bleeding since the surgical procedure.
Past medical history:
She had 3 previous pregnancies, one of them ended in a delivery, and the other ones in a Miscarriage. The first one was treated with Misoprostol, and the second one with a surgical procedure.

Physical Examination:
- Normal external genitalia
- Non painful vaginal touch
- Speculoscopy: elastic vagina, macroscopically normal cervix
- Transvaginal ultrasound: we can see a 7.1x1.5mm intrauterine image, with a wide implantation base, compatible with an endometrial polyp. Normal annexes, no free liquid.
- Normal hormonal analysis

It was decided to perform diagnostic-therapeutic hysteroscopy.

Results:

On hysteroscopy, we can see multiple endometrial synechiae, that prevent the complete replication of the endometrial cavity. The ostiums aren´t clearly visible. No other intracavitary pathological images were observed.
Resection of these synechiae is attempted, being impossible due to the magnitude of the synechiae and the bleeding.
It was decided to undergo hormonal medical treatment with Progyluton and Progevera to achieve endometrial bleeding.

Conclusions:

Asherman´s syndrome is a morphological alteration of the uterine cavity characterized by the presence of scars in it. These injuries cause the formation of adhesions between the walls of the uterus, generating a deformation and decrease in size of the uterus.
The most common cause is the wounds produced as a result of a uterine evacuaton curettage after an abortion.
The main symptoms are: amenorrhea, pelvic pain, infertility and recurrent abortions.
The diagnostic test par excellence is a diagnostic hysteroscopy.
Treatment consists of removal and cauterization of the adhesions, this is usually done by surgical hysteroscopy.
When surgery isn´t enough, other treatment options are estrogen treatment or placement of an intrauterine balloon.