

ایسموسل : تشخیص و درمان

Debates in Isthmocele

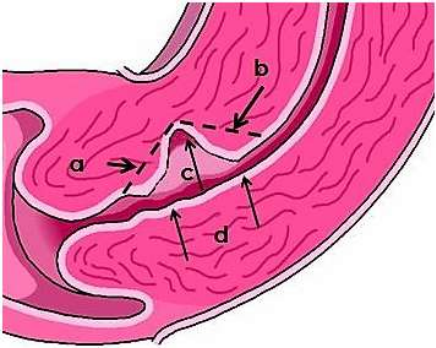
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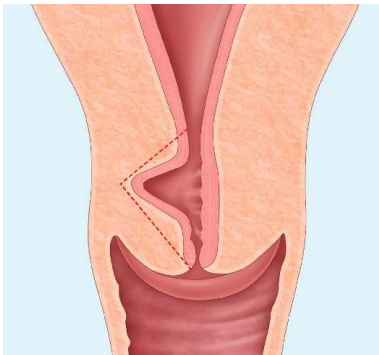
گروه جراحی :

- ▶ آیا وجود ایسموسل بدون علامت نیاز به درمان دارد؟
- ▶ کدام نوع ایسموسل (از نظر سایز , عمق و ارتفاع) نیاز به درمان دارد(درمان هیستروسکوپی) ؟
- ▶ آیا هر ایسموسلی که در سونوگرافی دیده میشه نیاز به مداخله جراحی (هیستروسکوپی) دارد؟
- ▶ آیا قبل از اقدام به بارداری بعدی ایسموسل بی علامت درمان جراحی لازم دارد؟ و چه نوع درمان جراحی لازم دارد؟
- ▶ آیا تعداد سزارین ها و یا فاصله زمانی تا سزارین قبلی تاثیری بر ایسموسل و درمان آن دارد؟



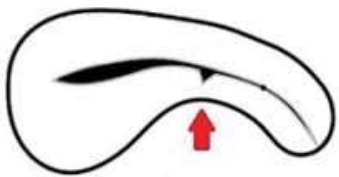
گروه پریناتولوژی :

- ▶ در حضور ایسموسل ریسک پارگی رحم و EP اسکار چقدر است؟
- ▶ آیا تعداد سزارین ها و یا فاصله زمانی تا سزارین قبلی تاثیری بر عوارض در حاملگی و درمان دارد؟
- ▶ آیا قبل از اقدام به بارداری بعدی ایسموسل بی علامت درمان جراحی لازم دارد؟



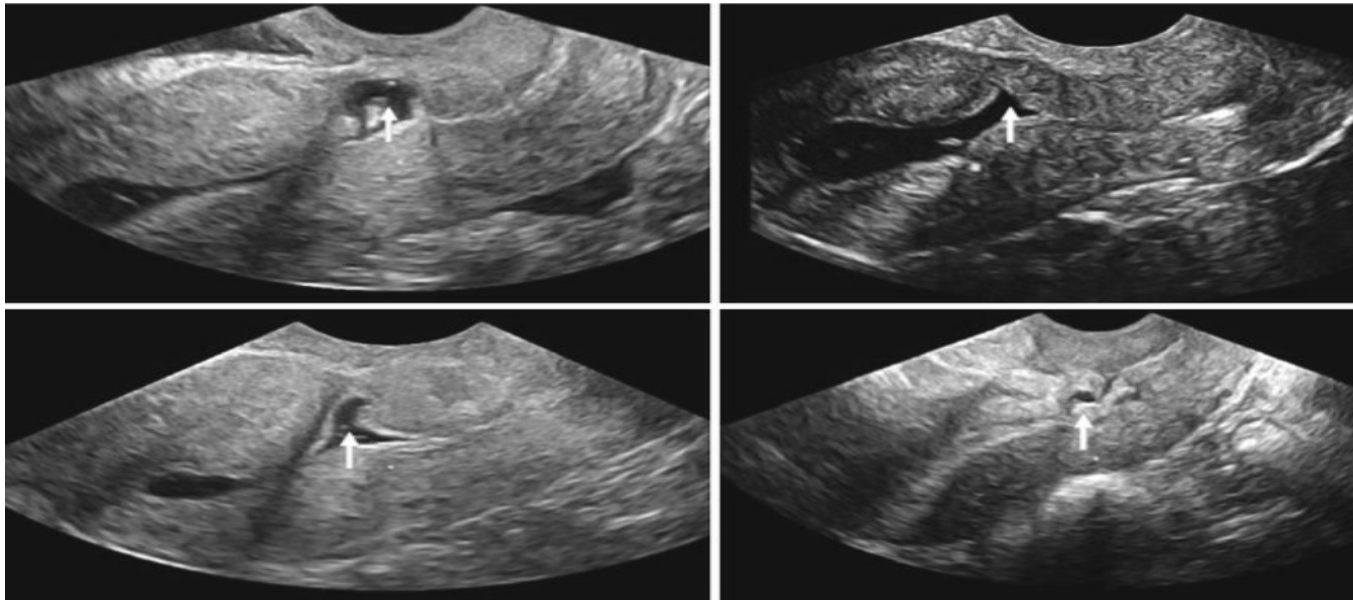
گروه نازایی:

- ▶ آیا تشخیص ایسموسل قبل از ART نیاز به جراحی دارد؟
- ▶ آیا ایسموسل باعث نازایی می شود؟
- ▶ آیا درمان مدیکال ایسموسل داریم و آن چیست؟



گروه رادیولوژی

▶ تشخیص ایسموسل در سه ماهه اول بارداری چگونه است؟



Gynecological and obstetrical outcomes after laparoscopic repair of a cesarean scar defect in a series of 38 women

Olivier Donnez, M.D., Ph.D.,^{a,b} Jacques Donnez, M.D., Ph.D.,^c Renan Orellana, Ph.D. and Marie-Madeleine Dolmans, M.D., Ph.D.

Institut du Sein et de Chirurgie Gynecologique d'Avignon, Polyclinique Urbain V (Groupe Elsan), Avignon, France; ^b P^ole de Recherche en Gynecologie, IREC Institut de Recherche Experimentale et Clinique, Universite Catholique de Louvain, Brussels, Belgium; ^c Society for Research into Infertility, Brussels, Belgium; and ^d Gynecology Department, Cliniques Universitaires Saint Luc, Brussels, Belgium. ORIGINAL ARTICLE: REPRODUCTIVE SURGERY

- ▶ In symptomatic women with residual myometrial thickness of less than 3 mm who wish to conceive, laparoscopic repair should be proposed, as it was demonstrated that it significantly strengthens the myometrial wall.
- ▶ In case of symptoms like dysmenorrhea, bleeding, or pelvic pain, Hysteroscopic resection may be carried out if the residual thickness is more than 3 mm.
- ▶ Of course, in case of incidental diagnosis in asymptomatic women, surgery is not recommended.

Impact of isthmocele on assisted reproductive treatment outcomes: an age-matched retrospective study

Mehmet Resit Asoglu MD Assoc. prof. , Cem Celik MD Prof. , Ebru Ozturk MD Assoc. prof. , Sabri Cavkaytar MD Assoc. prof. , Mustafa Bahceci MD Prof . The Journal of Minimally Invasive Gynecology

Conclusion

Our study showed that the presence of an **asymptomatic isthmocele did not seem to have an unfavorable impact on the chance of pregnancy**. Women with an asymptomatic isthmocele do not need surgical treatment in the context of ART.

It remains uncertain whether the presence of an isthmocele significantly increases the risks of **intracavitary fluid during ovarian stimulation and difficult embryo transfer**.

Further prospective studies should investigate how the presence of an isthmocele affects the reproductive ability of women, performance of embryo transfer and outcomes.

Prevalence of Infertility Among Patients With Isthmocele and Fertility Outcome After Isthmocele Surgical Treatment: A Retrospective Study

Stefano Calzolari, MD, Giovanni Sisti, MD, Dora Pavone, MD, Eleonora Ciocia, RM, Natalia Bianchini, RM, Mauro Cozzolino, MD. Ochsner Journal 19:204-209, 2019 Academic Division of Ochsner Clinic Foundation . DOI: 10.31486/toj.18.0048

CONCLUSION

- ▶ We identified a subgroup of patients at higher risk of being infertile after the diagnosis of isthmocele
- ▶ and a sub-group of patients who could benefit the most in terms of fertility after minimally invasive hysteroscopic surgery.
- ▶ Studies on a large number of patients are needed to quantify the association between isthmocele and infertility.

Isthmocele and ovarian stimulation for IVF: considerations for a reproductive medicine specialist.

Human Reproduction, Vol.35, No.1, pp. 89-99, 2020 . B. Lawrenz, L. Melado , N. Garrido, C. Coughlan, D. Markova , and H.M. Fatemi

- ▶ No significant differences in the reproductive outcome (pregnancy rate and rates of biochemical and ectopic pregnancies, miscarriages and ongoing/delivered pregnancies) after FET were found between the patients with and without an isthmocele, when ICF was excluded prior to embryo transfer procedure

Symptomatic and Asymptomatic Isthmoecele: Impact on Reproductive Outcomes

Journal of Minimally Invasive Gynecology. Vol 28, No 5, May 2021

- ▶ If the patient does not have symptoms, the defect is not large and adverse fertility/obstetric outcomes are unlikely.
- ▶ The presence of a small and asymptomatic isthmoecele does not affect ART pregnancy outcomes.

Caesarean scar syndrome.

Morris H.S Afr Med J. 1996;86(12):1558.

- ▶ Medical treatment may be a safer option to address the symptoms of isthmocele, which are mostly related to menstruation such that suppression of bleeding may be beneficial.
- ▶ Oral contraceptives, progesterone and GnRH agonists are rational options for suppression of bleeding and symptom relief
- ▶ Non-invasive isthmocele treatment can serve as an alternative pretreatment option for patients with isthmocele during IVF cycles.
- ▶ The patients were treated with a depot gonadotropin-releasing hormone agonist for 3 months before (IVF) frozen-thawed embryo transfer cycles.
- ▶ Further prospective controlled studies with larger populations are needed to confirm the utility of NIIT in isthmocele cases.



Thank you For Your Attention