

Endometrial Thickness Cut-Off for Evacuation of Retained Product of Conception

Authors : Nambiar Ritu, Ali Ban, Munawar Farida, Israell Imelda, T. Farouk Eman Rasheeda, Jangalgi Renuka, S. Boma Nellie

Abstract : Aim: To define the ultrasonographic endometrial thickness (USG ET) cutoff for evacuation of retained pieces of conception (ERPC). Background: Studies of conservative management of 1st trimester miscarriage have questioned the need for post miscarriage curettage. Therapeutic decision making with transvaginal scan post miscarriage endometrial thickness in patients clinically thought to be incomplete miscarriage is often not clear. Method: Retrospective analysis of all 1ST trimester ERPC at Al Rahba Hospital from June 2012 to July 2013 was done. Total of 164 patients underwent ERPC. All cases were reviewed for pre-operative USG ET and post ERPC histopathological examination. TVS was done to evaluate the maximum ET of the uterine cavity along the long axis of the uterus and features of retained products was noted. All cases without preoperative USG ET measurement were excluded from the study, therefore only 62 out of 164 cases were included in the study. The patients were divided into three groups: o Group A: have retained products within endometrial cavity. o Group B: endometrial thickness equal or more than 20 mm. o Group C: endometrial thickness equal or less than 19.9 mm. o Post ERPC product was sent for HPE and the results were compared. Transvaginal sonographic findings can be used as a deciding factor in the management of patients with 1st trimester miscarriage who need ERPC. Our proposed cutoff in clinically stable patients requiring ERPC is more than 20 mm.

Keywords : ERPC, histopathological examination, long axis of the uterus, USG ET

Conference Title : ICOG 2014 : International Conference on Obstetrics and Gynaecology

Conference Location : Bangkok, Thailand

Conference Dates : December 18-19, 2014