

P364. Correlation between hysteroscopic and anatomopathological finding in endometrial pathology

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Context

Hysteroscopy is a minimally invasive procedure which allows direct visualization of the uterine cavity. It is considered the technique of choice in evaluating women with suspect of endometrial disease by most authors as it allows both visualization and execution of suspected areas.

Objective

To investigate the diagnostic value of hysteroscopy in evaluating uterine cavity.

Methods

This prospective blinded study was performed between Jan.2017 and Sept.2017 at Sant'Andrea Hospital, Rome.

All women with indication at hysteroscopic procedure which performed ultrasound in our clinic have been included. During hysteroscopy, surgeon was asked to express his opinion on the endometrial aspect blinded to the diagnose. He had to choose between neoplasia, hyperplasia, benign disorder or not defined. Any macroscopic finding was resected, endometrial biopsies were performed and all the material was sent for a histological diagnosis. Histologic reports were collected and data were compared with hysteroscopic data.

Patients

We performed 180 hysteroscopic procedures. 29 patients were excluded due to lack of data about ultrasound. 151 women aged 30-82 were enrolled. The mean age at hysteroscopy was 55.

Results

The sensitivity, specificity, PPV, and NPV of hysteroscopy to diagnose benign conditions were 82.8, 77.8, 87.2 and 70%, respectively and hysteroscopy seems to be more accurate in the diagnose of polyps than myomas. Considering endometrial carcinoma in our series, hysteroscopic view parameters revealed 80% of sensitivity and 100% of specificity. However, for our surgeon it seems more difficult to identify hyperplasia. Diagnosis was "missed" in 3 out of 5 patients; in 21 patients surgeons diagnosed hyperplasia, while histologic data reported other conditions. Only in 13 out of 151 patients the surgeon diagnosis was "inconclusive". On the other hand ultrasound sensitivity and specificity for myomas, polyps and hyperplasia were respectively 60 and 68% for polyps, 62.5 and 94.7% for myomas and 80 and 59.6% for hyperplasia.

Conclusions

Our study showed that, in presence of neoplasia and benign endometrial disorders, hysteroscopy seems to be an accurate procedure, moreover it is better than ultrasound, but is not good to exclude endometrial hyperplasia as well. However, based on the little number of hyperplasia in our series, it is impossible to

draw a conclusion and more studies are needed. Furthermore an important role is played by the experience and the ability of the performing surgeon.

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