

Abstract

The Surgical Management of Recurrent Pregnancy Loss

The prevalence, patho-physiology and impact of uterine abnormalities on recurrent pregnancy loss have not been conclusively determined. There are also many questions regarding the optimal management and role of surgical intervention for reproductive performance.

Reported incidences reveal a wide range of 0.2% to 10.0%². Using newer imaging modalities, it is estimated to be about 1% and about threefold higher in women with recurrent pregnancy loss and poor reproductive outcomes such as preterm labour, and abnormal fetal presentation (and infertility).

The causes are septi, adhesions, polyps, and fibroids, all of which are amenable to surgical correction. However, not all can be surgically corrected, and not all need surgery.

Operative hysteroscopy is the main surgical modality. The resultant successful term pregnancy rates range from 32% to 87% following division of intrauterine adhesions and a reduction from 91% to 17% in spontaneous abortion rate after metroplasty. A case of hysteroscopic metroplasty and its obstetric outcome is presented.

References

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