Conclusions: The addition of lidocaine to the gel used either for for GIS or prior to office hysteroscopy and endometrial sampling does not improve the procedure related pain.

OC047
Removal of focal intracavity lesions results in cessation of abnormal uterine bleeding in the vast majority of women

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Objectives: To evaluate to what extent removal of focal intracavity lesions results in cessation of abnormal uterine bleeding.
Methods: Prospective observational study. From a cohort of 402 women presenting with abnormal uterine bleeding, 124 patients were referred for operative hysteroscopy after diagnosis of a focal intracavity lesion seen at hydrosonography and/or hysteroscopy. A telephone survey was conducted two years later asking patients about their bleeding pattern. The symptoms before and after surgery and the results of histology were compared.
Results: There were 112 patients, with the mean age of treatment at 52.2 years, with 47% being premenopausal. In 14 patients (12.5%) the endometrial thickness at ultrasound was below 5 mm. The histology of the resected tissue were endometrial polyps in 60.7%, submucous myomas in 21.4%, with focal endometrial hyperplasia in 4.5%. For those women with endometrial polyps and intracavity myomas confirmed on histology, 97% and 83%, respectively reported an improvement in bleeding pattern. For those with polyps and myomas there was a definitive cure rate of 76% and 79%, and a transient improvement in 21% and 4%, respectively.
Conclusions: The vast majority of women complaining of abnormal uterine bleeding and with a focal intracavity lesion will benefit from removal under hysteroscopic guidance.

OC048
Comparison of conventional and three-dimensional sonohysterography in the assessment of submucous uterine myomas before their hysteroscopic resection

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Objectives: To compare the ability of 2D and 3D sonohysterography (SHG) to succesfully classify submucous myomas by measuring the percentage of their protrusion into the uterine cavity before hysteroscopic resection.
Methods: In prospective study 68 premenopausal women with history of menorrhagia (42) and infertility (26) underwent 2D SHG, 3D SHG and operative hysteroscopy under general anesthesia with hysteroscopic resection of myomas. The preliminary diagnosis of submucous myomas was made by conventional 2D transvaginal ultrasonography. Submucous fibroids were classified according to Wamsteker criteria as type 0 (polypoid myoma), type I (< 50% contained within myometrium) and type II (> 50% contained within myometrium). The total fibroid diameter was compared with the diameter of its part extending into the uterine cavity to obtain the percentage of myoma mass inside the myometrium. The findings at 2D and 3D SHG were compared with hysteroscopic and hystologic findings (obtained from operative hysteroscopy).
Results: 74 submucous myomas were identyfied in 68 patients. All lesions were also seen in hysteroscopy. 2D and 3D SHG was consistent with hysteroscopy results in 90% (19/21) and in 95% (20/21) of cases with type 0 myomas, in 88% (31/35) and 94% (33/35) of cases with type I myomas and in 77% (14/18) and 88% (16/18) of cases with type II myomas. 8 patients with type II myoma detected by SHG needed one or two (in 1 case) more operative hysteroscopies to complete remove the lesions which indicates SHG as a possible predictor of difficulty in course of resection procedures.
Conclusions: There was a good overall compatibility between 2D and 3D SHG and hysteroscopy. It increases in cases of fibroids with higher degree of intracavitary extension.

OC049
Factors influencing patient candidacy for magnetic resonance guided focused ultrasound (MRgFUS) treatment of uterine leiomyoma

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Objectives: To provide insight on the percentage of women with symptomatic uterine fibroids who are suitable for MRgFUS.
Methods: A selection criteria for MRgFUS was developed defining a suitable patient as having potential to obtain a post-treatment non-perfused volume of at least 50%. T2 and post-contrast fat-saturation MR images from 179 patients who inquired about MRgFUS for symptomatic fibroids were used to determine candidacy.
Results: Of 179 patients screened for MRgFUS, 131 were considered candidates and 118 were treated. 13 candidates are still considering the treatment. Of the 49 non-candidates, 12 had significant adenomyosis with or without fibroids, 8 had non-enhancing fibroids (calcified, hemorrhagic or necrotic), and 6 had too many fibroids (> 6). 5 patients had findings suspicious for cancer, of those, 2 were proven malignancies (endometrial cancer and uterine sarcoma) 1 had a benign fibroid at pathology, and 2 had no pathology. 4 patients had fibroids that were too vascular, 4 had metal in the beam path, 3 patients had endometrial polyps (in addition to the fibroids) that probably necessitated treatment and removal. 2 patients had previous liposuction scars that would hinder treatment, 2 had fibroids too small for treatment. 1 patient had fibroids that were too large, 1 had fibroids that were too posterior, and 1 had a pedunculated fibroid.
Conclusion: MRgFUS is an effective treatment for uterine fibroids provided that a sufficient non-perfused volume of the fibroid is obtained. The ability for physicians to be able to advise patients of their suitability to MRgFUS and to choose ideal patients for the procedure is important to treatment satisfaction and success. This study shows that approximately 73% (131/179) of patients screened for the procedure will be candidates who can achieve the desired treatment volume leading to symptom relief.

OC050
Contrast enhanced ultrasonography in the treatment of uterine leiomyoma with high intensity focused ultrasound

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Objectives: To evaluate the role of contrast enhanced ultrasonography (CEUS) in treatment of uterine leiomyoma with high intensity focused ultrasound (HIFU).
Methods: 75 patients (93 lesions) of symptomatic uterine leiomyomas were treated with HIFU from Oct. 2006 to Aug. 2007 in our department. CEUS was performed just before and after HIFU treatment respectively. The size of the leiomyomas as well as the signs and symptoms were followed regularly after treatment.
Results: The average diameter of leiomyomas was 4.9 ± 1.7 cm and the average volume was 81.4 ± 68.5 cm^3 before treatment. All lesions showed various degrees of enhancement in CEUS before