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

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Letter to the editor: Removal of focal intracavity lesions results in cessation of abnormal uterine bleeding in the vast majority of women.

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Short title: polyp follow-up

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Endometrial polyps have mainly been reported in women with abnormal uterine bleeding. Recent studies however have demonstrated a high prevalence in asymptomatic women, especially after menopause[1-3]. Dreisler et al.[4] showed that polyps were more prevalent in asymptomatic pre- and postmenopausal women than in those with abnormal bleeding. They challenged the generally accepted hypothesis that endometrial polyps do cause abnormal bleeding.

We looked at the evolution of bleeding symptoms in 124 women referred for operative hysteroscopy because of focal intracavity lesions diagnosed at ultrasound with hydrosonography and/or office hysteroscopy at the "one stop bleeding clinic" of the University Hospital Leuven, Belgium, from November 2004 till march 2007[5]. Twelve patients did not undergo operative hysteroscopy: 4 had not returned for operative hysteroscopy, 1 patient had a hysterectomy and 1 a myomectomy by laparotomy, 1 woman died, 1 developed ovarian cancer, 1 breast cancer with metastasis in the uterus and 3 patients were lost to follow-up. The remaining 112 women were contacted by telephone or mail between September and October 2007 and interviewed as to the evolution of their bleeding pattern since the operative hysteroscopy. Follow-up between the operative hysteroscopy and the questionnaire ranged from 7 to 34 months (median 21.3 months). In 27 cases (24.1%) additional treatment had been given after the operative hysteroscopy for contraception or bleeding control: medical treatment in 11.6%, a levonorgestrel intrauterine device in 9.8% and 3 women (2.7%) had since had a hysterectomy. These 27 patients were excluded from further analysis.

The mean age at treatment of the remaining 85 women was 53.6 years (range 29-79; SD 10.7): 50.6% (n = 43) were postmenopausal. The mean endometrial thickness at initial ultrasound was 11.0 mm (range 2.1 – 29.5; SD 6.4). Overall 98.8% (n = 84) of women reported an improvement of their bleeding pattern (Table 1): 97% (n = 32) of the premenopausal women versus 100% (n = 43) of the postmenopausal women (p = 0.43). For

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those in whom endometrial polyps had been confirmed at histology, 93% (n = 14) of the premenopausal patients and 100% (n = 38) of postmenopausal women declared the bleeding pattern improved after surgery (Table 2). There was a significant association between symptom relief and duration of follow-up (P = 0.01)(mean (SD) time of follow-up of 20.8 (6.6) and 28.2 (5.7) months in case of definitive and transient improvement respectively), but not with endometrial thickness (P = 0.61), age (P = 0.32) nor parity (P = 0.68).

Although it is not a randomized controlled study, the present data support the hypothesis that hysteroscopical removal of focal intracavity lesions is indicated in women with abnormal uterine bleeding: the bleeding symptoms will improve or disappear in most cases, and the lesion can be sent for histological examination to exclude malignancy[6,7]. Our study shows that the abnormal uterine bleeding tends to recur with time. Henriquez et al. [8] reported that recurrence is especially high is premenopausal women. Since we evaluated only symptomatic cases, our data do not allow any conclusions as to the management of endometrium polyps incidentally diagnosed at ultrasound in women without abnormal uterine bleeding.

We acknowledge that only a randomized controlled trial comparing hysteroscopic removal versus expectant management could prove the efficacy of the removal of focal intracavity lesions in women with abnormal bleeding.

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Table 1: Menopausal status versus symptom relief

Menopausal status	Symptom relief						
	Definitive		Transient		Unchanged		TOTAL
	N	%	N	%	N	%	N
Premenopause	30	90.9	2	6.1	1	3.0	33
Perimenopause	8	88.9	1	11.1	0	0	9
Postmenopause	38	88.4	5	11.6	0	0	43
TOTAL	76	89.4	8	9.4	1	1.2	85

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Table 2: Symptom relief versus histology at operative hysteroscopy

Histology	Symptom relief						
	Definitive		Transient		Unchanged		TOTAL
	N	%	N	%	N	%	N
PREmenopausal women							
Proliferative/secretory changes	3	100	0	-	0	-	3**
Endometrial hyperplasia	1	100	0	-	0	-	1
Endometrial polyp	12	80.0	2	13.3	1	6.7	15
Submucous myoma	11	100	0	-	0	-	11
Retained trophoblastic tissue	1	100	0	-	0	-	1
Other*	2	100	0	-	0	-	2
TOTAL	30	90.9	2	6.1	1	3.0	33
POSTmenopausal women							
Proliferative/secretory changes	2	100	0	0	0		2**
Endometrial hyperplasia	0	-	0	-	0	-	0
Endometrial polyp	33	86.8	5	13.2	0	0	38
Submucous myoma	3	100	0	0	0	0	3
TOTAL	38	88.4	5	11.6	0	0	43

* insufficient tissue in 1; only transsection of adhesions with no histology available in 1

** in 5 cases the focal lesion could not be confirmed at operative hysteroscopy: in 2 cases a small polyp had been reported both at ultrasound and diagnostic hysteroscopy; in 2 cases only on ultrasound (in one the hysteroscopy had not been performed, in the other an intracavity clot as well as an endocervical polyp had been reported at hysteroscopy); in 1 case a small polyp had been reported at hysteroscopy.

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