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AAGL ELEVATING GYNECOLOGIC SURGERY

VIDEO ARTICLE

Step-by-Step Hysteroscopic Treatment of Complete Uterine Septum Associated or Not with Cervical Anomalies

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ABSTRACT **Study Objective:** To demonstrate our hysteroscopic technique using the mini-resectoscope for the treatment of complete uterine septum with or without cervical anomalies.

Design: A step-by-step video demonstration of the technique with the use of an educational video.

Settings: We present 3 patients diagnosed as having complete uterine septum (U2b according to the ESHRE/ESGE classification) with or without cervical anomalies (C0, normal cervix; C1, septate cervix; C2, double "normal" cervix"), 2 of them with a longitudinal vaginal septum (V1). The first case is a 33-year-old woman with history of primary infertility diagnosed as having a complete uterine septum with normal cervix (class U2bC0V0 according to the ESHRE/ESGE classification). Case 2 is a 34-year-old woman with infertility and abnormal uterine bleeding, diagnosed as having complete uterine and cervical septum and a partial nonobstructive vaginal septum (class U2bC1V1). Case 3 is a 28-year-old woman with infertility and dyspareunia, diagnosed as having a complete uterine septum, double "normal" cervix, and nonobstructive longitudinal vaginal septum (class U2bC2V1) Still 3. The procedures were performed in a tertiary care university hospital.

Intervention: The 3 procedures were performed in the operative room using a 15 Fr continuous flow mini-resectoscope and bipolar energy with the patient under general anesthesia Still 1 and Still 2. No complications were encountered in any of the 3 cases. After all procedures, a gel based on hyaluronic acid was applied to minimize postoperative adhesion formation. Patients were discharged home the same day of the procedure after a short period of observation.

Conclusion: Hysteroscopic treatment of patients with uterine septa associated or not with cervical anomalies using miniaturized instruments is a feasible and effective option for the management of patients with these complex müllerian anomalies. Journal of Minimally Invasive Gynecology (2023) 30, 441−442. © 2023 AAGL. All rights reserved.

Keywords: Hysteroscopy; Septum; Müllerian anomalies; Infertility

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The authors declare that they have no conflict of interest.

This work has not been presented or published previously in any format.

Institutional review board approval was requested and deemed to be exempt.

A patient informed consent was obtained.

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Supplementary materials

Supplementary material associated with this article can be found in the online version at https://doi.org/10.1016/j.jmig.2023.02.015.