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Correspondence

Useful technique for endometrial polypectomy under direct hysterofiberscope observation

To the Editor,

The hysterofiberscope (HF) is an inexpensive and less invasive instrument without need of spinal or intravenous anesthesia that is useful for observing the uterine cavity. Without transcervical resectoscopy, complete resection of an endometrial polyp (EMP) under transabdominal ultrasonography (TAUS) guidance is not always easy. We present the case of a 54-year-old woman who was diagnosed as having an EMP with sonohysterography. We chose to remove the polyp using the HF. The operative technique for complete resection of an EMP under HF direct observation is shown in Figure 1 and Video 1.

Supplementary video related to this article can be found at http://dx.doi.org/10.1016/j.gmit.2016.12.002.

After a laminaria tent for cervical dilatation was extracted from our patient, pain was relieved with an analgesic suppository, intravenous infusion of analgesics, a sedative, and a paracervical block. The flexible HF (HYF-V; Olympus, Tokyo, Japan) was set up, and the first observation was of a 17 mm × 14 mm × 5-mm EMP with a medium-sized base arising from the right fundus in the uterine cavity. The surgeon grasped the uterus at 12 o'clock with Tsukahara forceps using the left hand and then grasped the EMP using placental forceps held in the right hand. The assistant controlled the HF so it supplied clear images of the EMP. When the size of the uterine cavity decreased because of dehydration with saline, the surgeon pinched the cervix using Tsukahara forceps and rotated them to stop the saline flow. When the uterine cavity had continued to decrease or there was intrauterine bleeding, the assistant delivered more saline solution using a 50-mL syringe to clear the field. After sufficient observation of the EMP and uterine cavity, the EMP was grasped, resected, and extracted from the uterine fundus through the cervical canal using placental forceps under direct HF observation. Two procedures completed resection of the EMP. Confirmation curettage of the uterine cavity was performed, with no additional tissue collected. The pathological diagnosis was an EMP with no malignancy.

Several textbooks and review articles have appeared concerning EMP polypectomy using hysteroscopy with HF guidance.[1–4] Complete resection of an EMP under TAUS guidance is not always easy, and endometrial cancer may be hiding in the EMP. However, it is not always necessary, but sometimes desirable, in clinical practice.

Conflicts of interest: All contributing authors declare no conflicts of interest.

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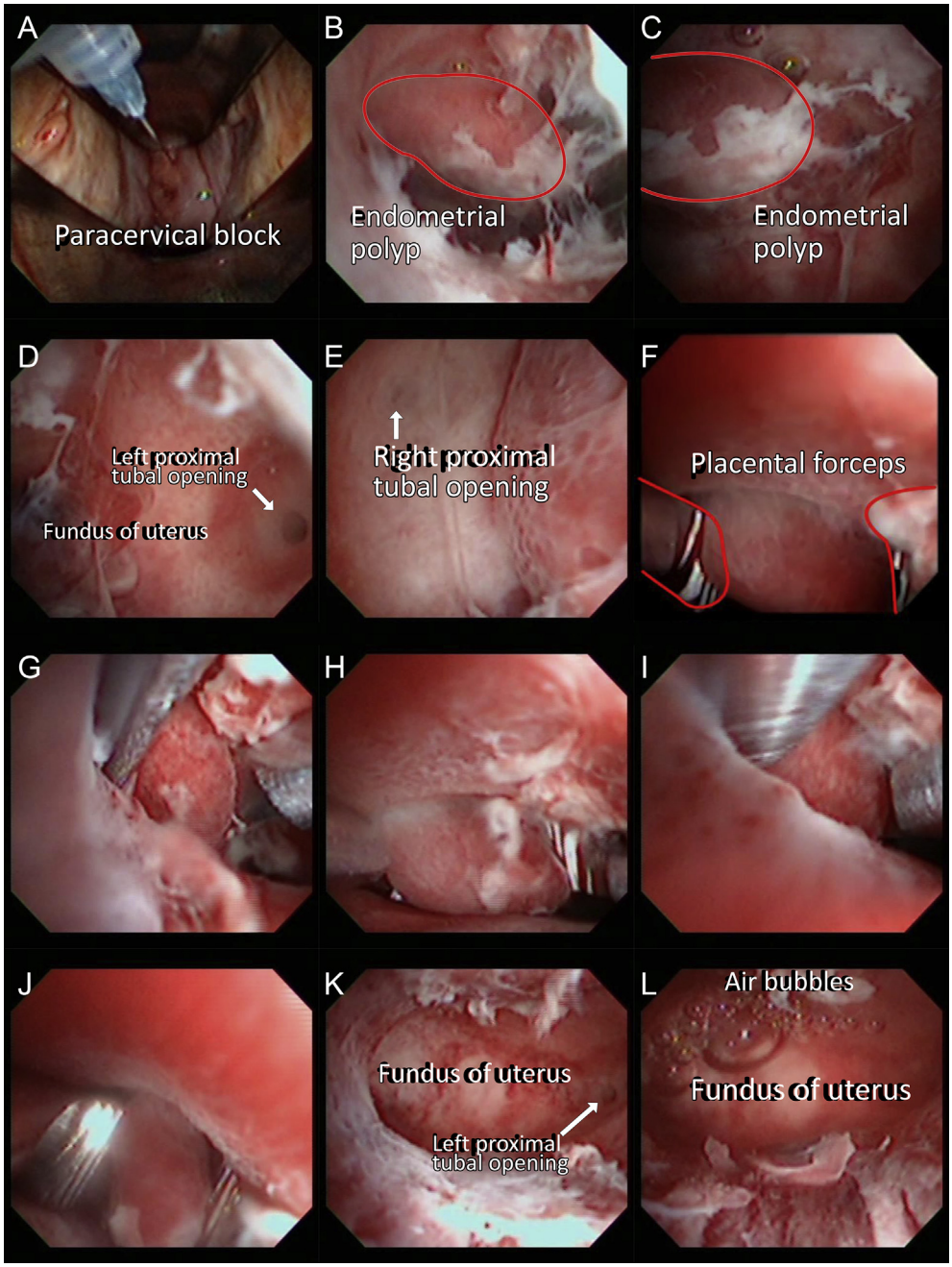

Figure 1. Hysterofiberscopic still images of complete resection of an endometrial polyp (EMP) under direct observation. (A) Xylocaine 1% was injected at a 12 o'clock direction from the portio to create a paracervical block. (B) EMP in the uterine cavity. (C) EMP magnified in the right uterine cavity. (D) Uterine fundus and left proximal tubal opening. (E) Right proximal tubal opening. (F) EMP about to be grasped with placental forceps. (G) EMP was grasped with placental forceps and about to be extracted. (H) Remaining EMP was grasped with placental forceps and about to be extracted to the lower part of the uterine cavity. (I) Remaining EMP was grasped with placental forceps and about to be extracted to the isthmus of the uterus. (J) Remaining EMP was grasped using placental forceps and is about to be extracted to the cervix under hysterofiberscopic guidance. (K) Uterine fundus and left proximal tubal opening after complete resection of the EMP. (L) After curettage, uterine cavity with air bubbles on the anterior wall.

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