Hystéroscopie

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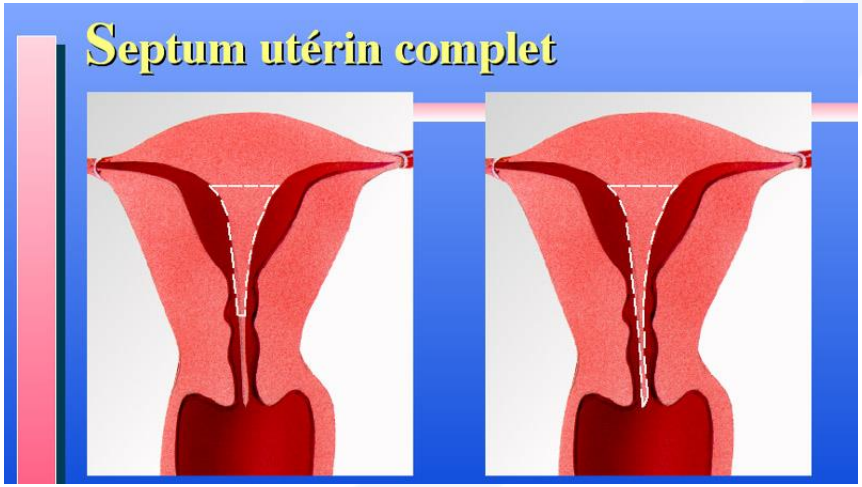
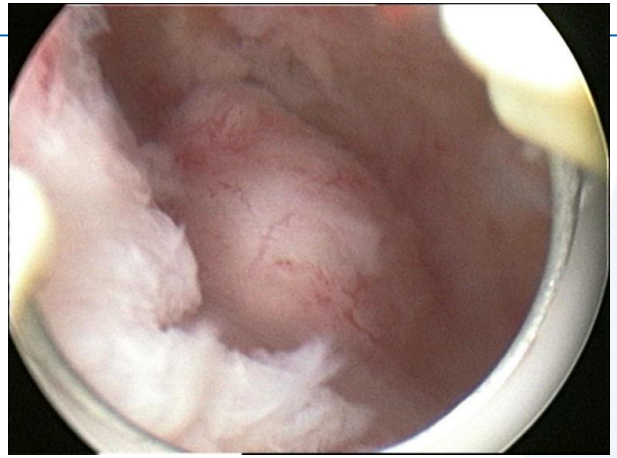
Hystéroscopie diagnostique

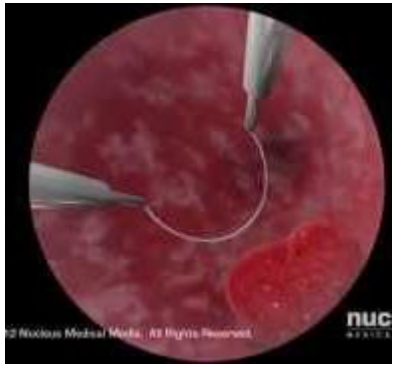
- Métrorragies :
  - Ménopause
  - Non ménopause
- Infertilité
- FIV
- Contrôle postopératoire :
  - Restes trophoblastiques
  - 2 temps
  - Synéchies/septum
- MAP après C/S – IRM - Scanner

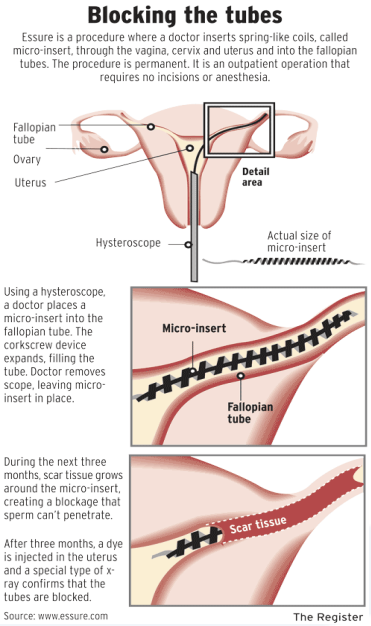


Hystéroscopie opératoire



- Résection septum, synéchies, polype, fibrome
- Ablation endométriale (ménorragies)
- MEP – extraction stérilet
- Biopsie orientée
- Stérilisation Essure





Contre-indications

- ❑ PID active ou récente
- ❑ Infection cervico-vaginale aiguë
- ❑ Saignement utérin actif
- ❑ Grossesse intra-utérine évolutive

Traitement préopératoire

- Post-menstruel

- GnRHa 1 mois / 2 mois si fibrome
  - Correction anémie
  - Diminution taille fibrome de 30%
  - Endomètre atrophique :
    - Meilleure visibilité
    - Résorption diminuée

Complications

- Perforation :
  - Incidence 1 à 9%
  - Pendant la dilatation :
    - Résection septum
    - Résection fibrome
    - Résection synéchies

    } myomètre
  - Si énergie utilisée : risque viscéral / musculaire / veineux

- Saignement :
  - Coagulation élective
  - Embolisation dans les artères utérines

- Embolie gazeuse CO_2

- Intravasation du médium : salin - glycine

Hormonal replacement therapy during the menopause

Without estradiol and progestin

With estradiol and progestin

With a lot of estradiol and progestin

Without estradiol and progestin

Menopause

- Loss of hormonal ovarian function
- Amenorrhea

Loss of estradiol production by the ovaries

Mean age: **51** yrs

1% before 40 yrs old :premature ovarian failure

years	Life expectancy	Duration of MNP
1850	45	--
1900	50	--
1950	70	19
1960	73	22
1970	79	24
1980	79	28
1990	80	30
2000	80+	30+

Table 3. Estimated Event Rate Increase (Harm) or Decrease (Benefit) per 10 000 Person-Years Associated With the Use of Hormone Therapy

Outcome	Event Rate Difference, per 10 000 Person-Years (95% CI)	
	Estrogen Only	Estrogen + Progestin
Breast cancer (invasive)	−7 (−14 to 0.4)	9 (1 to 19)
Cervical cancer	NA[a]	1 (−1 to 4)
Colorectal cancer	2 (−3 to 10)	−6 (−9 to −1)
Endometrial cancer	NA[a]	−1 (−3 to 3)
Lung cancer	1 (−4 to 8)	1 (−4 to 7)
Ovarian cancer	No data	2 (−1 to 6)[b]
Coronary heart disease	−3 (−12 to 8)	8 (0 to 18)
Dementia (probable)	12 (−4 to 41)	22 (4 to 53)
Diabetes	−19 (−34 to −3)[b]	−14 (−24 to −3)[b]
Fractures (osteoporotic)	−53 (−69 to −39)[b]	−44 (−71 to −13)
Gallbladder disease	30 (16 to 48)[b]	21 (10 to 34)[b]
Stroke	11 (2 to 23)	9 (2 to 19)
Urinary incontinence	1261 (880 to 1689)	876 (606 to 1168)
Venous thromboembolism (DVT or PE)	11 (3 to 22)	21 (12 to 33)
All-cause mortality	1 (−10 to 14)	1 (−9 to 12)

Abbreviations: DVT, deep vein thrombosis; NA, not applicable; PE, pulmonary embolism.

[a] Not applicable to women after hysterectomy.

[b] Point estimate is slightly different from estimate reported in Manson et al[15] because of the use of relative risks instead of hazard ratios.

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HRT: Cardiovascular

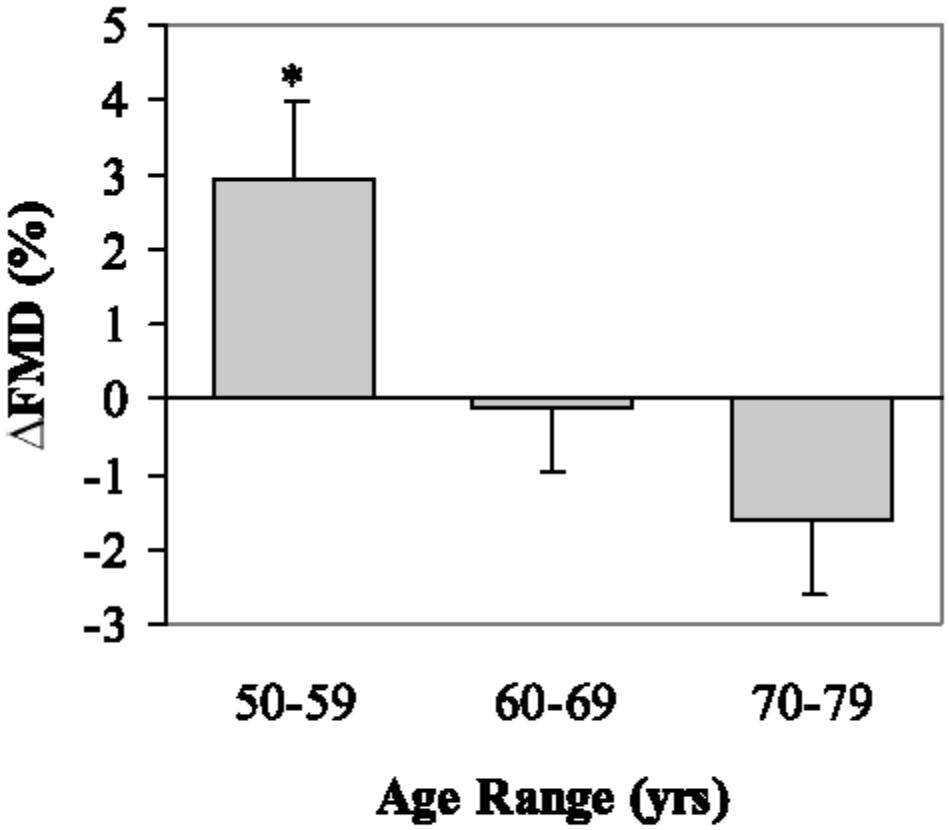
HRT:

- Vascular function:↓blood pressure
- Lipid profile better with oral HRT
- Glycemic profile better with oral HRT

HRT : benefit if started **quickly** after the menopause with patients **without** cardiovascular risk factor.

HRT is harmful if started **a long time** after the menopause or if women have cardiovascular risk factors .

Age Moderates the Short-Term Effects of Transdermal 17β-Estradiol on Endothelium-Dependent Vascular Function in Postmenopausal Women



Effect of transdermal estradiol on FMD (mean±SE estradiol FMD minus placebo FMD). *$P<0.005$ change in FMD compared with placebo.

Sherwood, 2007

Vasodilatation de l'artère brachiale 18 heures Après TTS 50 chez 100 femmes normales ou avec CHD

Cardiovascular disease

- Hormonal replacement therapy: **lipid profile**

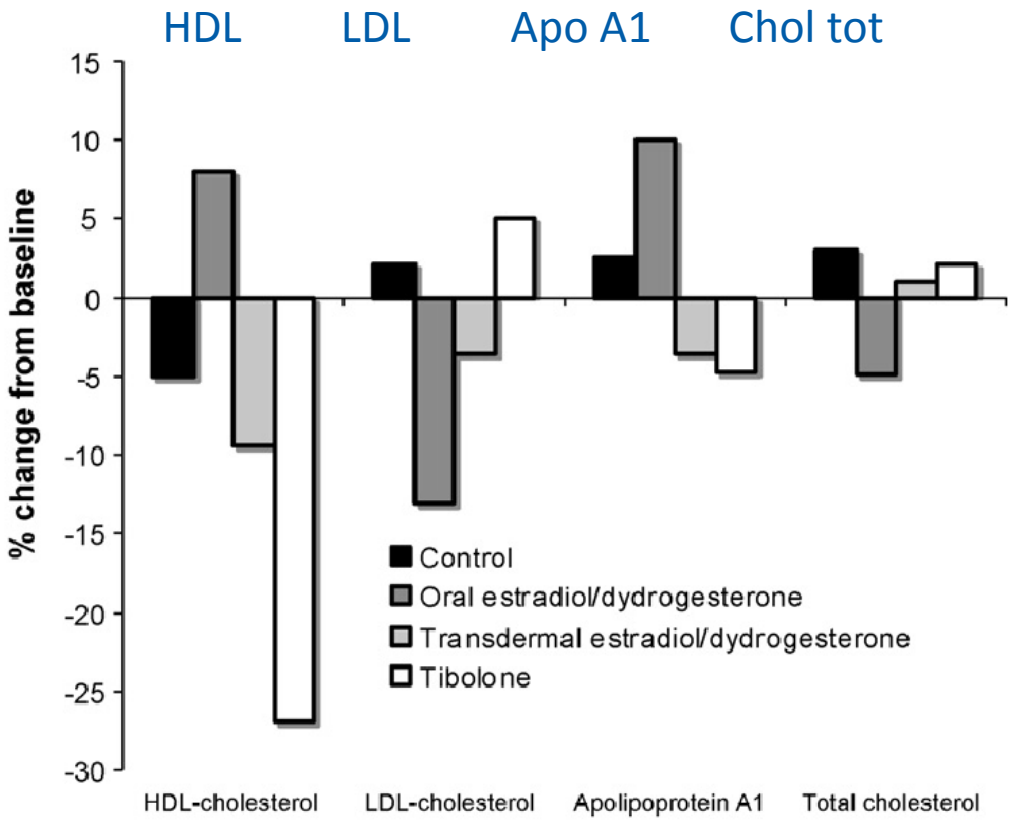


Fig. 5. Effect of sequential estradiol/dydrogesterone (2/10 mg) combination compared with other HRT regimens on the lipid profile [31].

Mueck et al 2009

stroke

↑under HRT and SERM but not significant if started before 60 yrs without risk factor

↑ after 60 yrs of life under HRT:+ 8 à 11 cases/10.000 women /yr,

↑lower if low dose of HRT

Contrindications if past medical history of stroke

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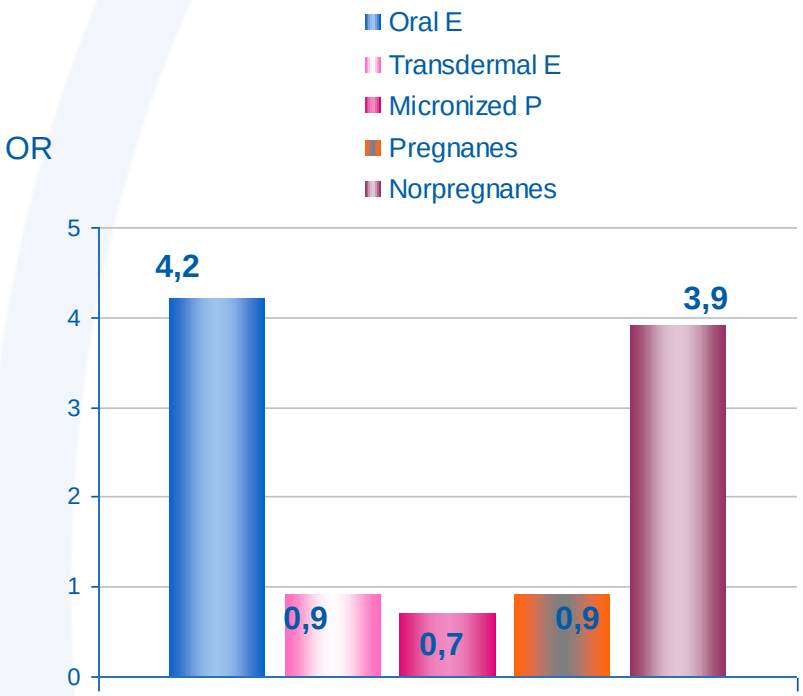
VeinousThrombosis

VTE & Route of Oestrogen Administration and Progestogens



Adjusted for: obesity status, VTE family history, varicose vein history, education, hysterectomy, age at menopause, cigarette smoking

The ESTHER Study

Multicenter case-control study
Postmenopausal
45 – 70 yrs
1999 – 2005
First idiopathic VTE
271 cases vs. 610 controls

Oral E: OR 4.2 (1.5 – 11.6)
Transdermal E: OR 0.9 (0.4 – 2.1)
Micronized P: OR 0.7 (0.3 – 1.9)
Pregnanes: OR 0.9 (0.4 – 2.3)
Norpregnanes: 3.9 (1.5 – 10.0)

Pregnanes: **dydrogesterone**, medrogestone, chlormadinone acetate, cyproterone acetate, medroxyprogesterone acetate

Norpreganes: nomegestrol acetate, promegestone

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Breast cancer

Estradiol + progestin micro.

RR 1.00 (0.83 – 1.22)

Estradiol + dydrogesterone :

- RR 1.16 (0.94 – 1.45)

Estradiol + Nor derivates pregnane:

- RR 1.69 (1.50 – 1.91)

(Fournier, JCO, 2008, E3N
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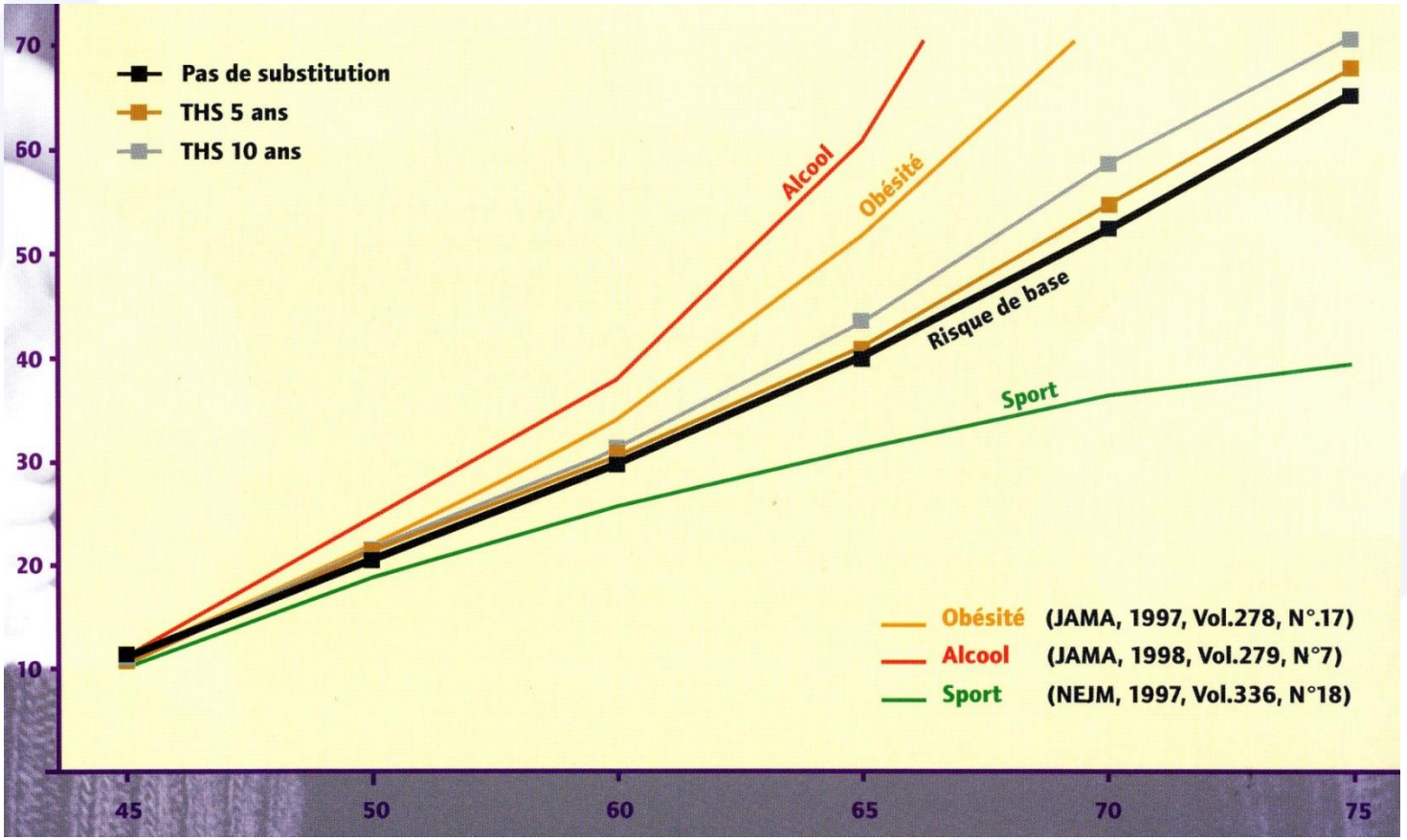
Breast Cancer:

Cumulative risk/
1000 women

HRT 10 yrs



HRT 5 yrs

Age (années)

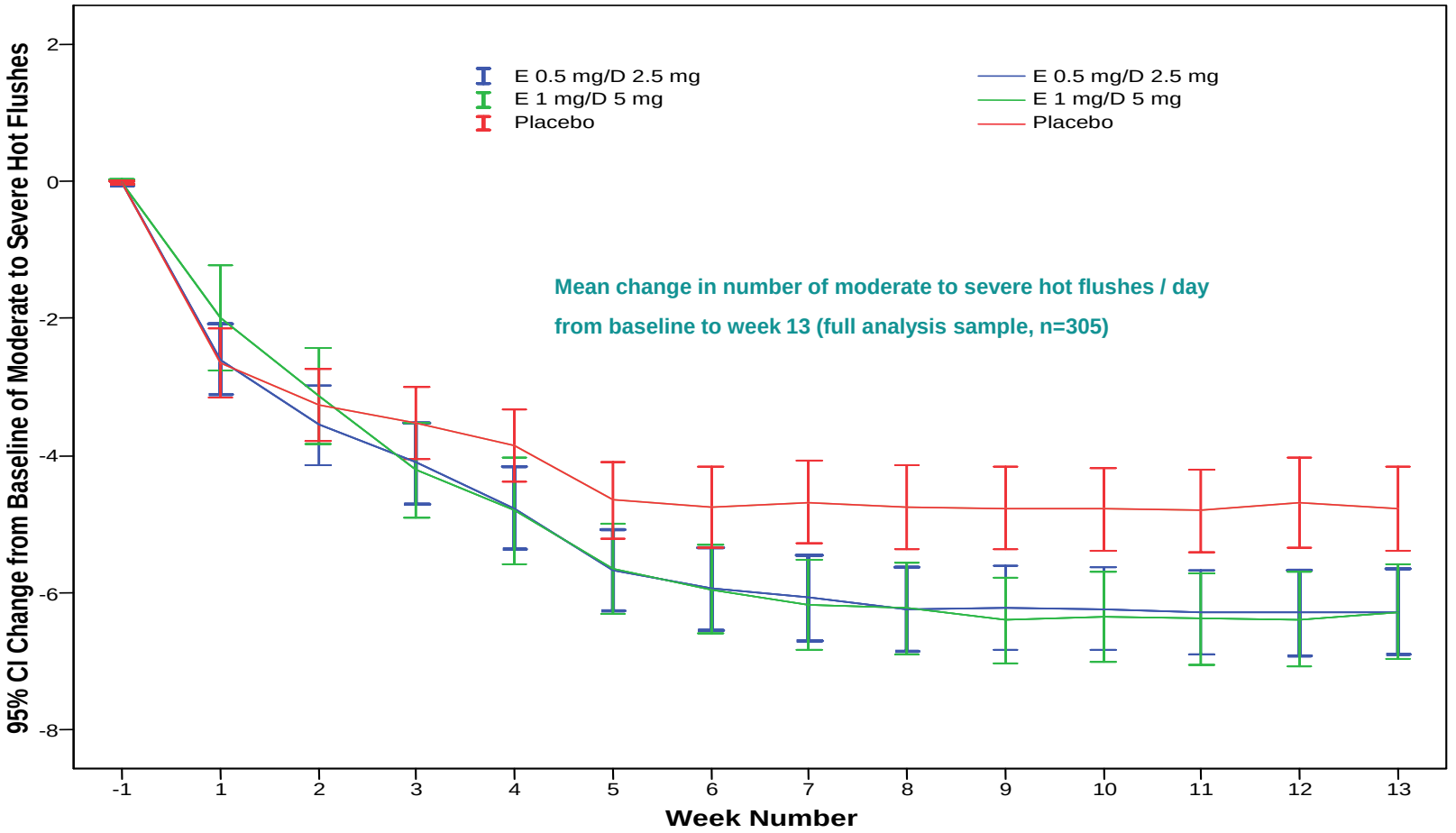
Personnal history of breast cancer

HRT and tibolone are contrindicated

Venlafaxin, Clonidin, Gabapentin for hot flashes Interaction with Paroxetin, Fluoxetin et Tamoxifen.

topic Estriol could be used :(expert opinion)

HRT effect of low dose and hot flusches



p E 0,5mg/D 2,5mg versus placebo à 4W p<0.05
à 8W p<0.001

2010 :Stevenson

New ultra low-dose regimen 0.5 mg E continuously combined with 2.5 mg D(n=305) (1)

(1) Stevenson JC, Durand G, Kahler E, Pertynski T, Maturitas 2010

E: 17ß-estradiol; D: dydrogesterone

Other cancers

Colon cancer :

- HRT decrease the risk (WHI).
- Estradiol alone do not change the risk,

Endometrium :

- Estradiol alone if hysterectomy.
- Conflicting data about sequential , continous HRT

  (Jaakkula et al 2009)

- Tibolone : conflicting data: MWS – THEBES

Ovary : ? Poor data

lung: increase in mortality after 60 yrs if smoker + HRT but incidence of cancer the same,

CONCLUSIONS :menopause

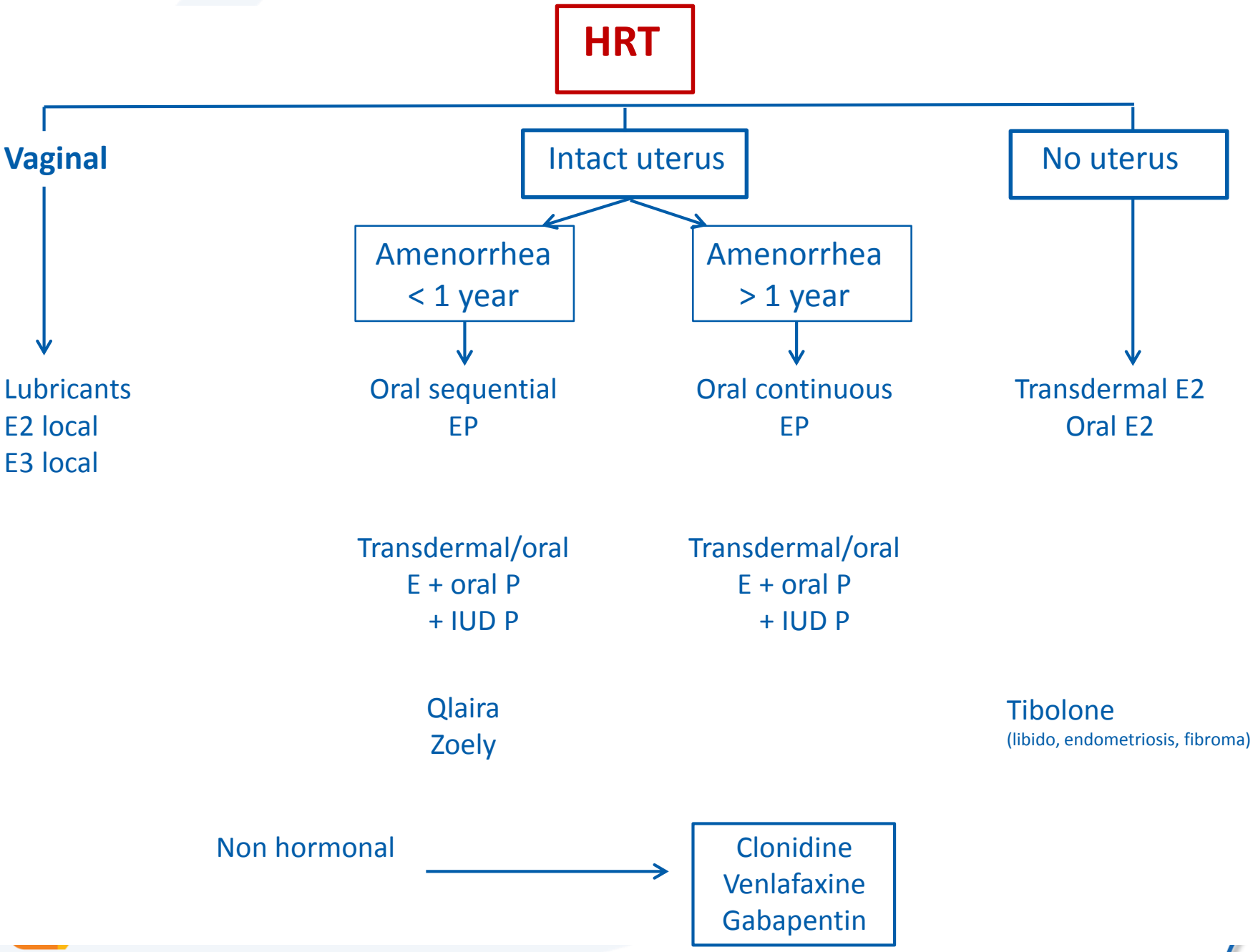
HRT if symptoms or premature ovarian failure

Low doses of HRT

« Natural » hormones

Limitation of duration of HRT

Trans dermal route of Estradiol, no effect on DVT


HRT
Vaginal
Intact uterus
No uterus
Amenorrhea < 1 year
Amenorrhea > 1 year
Lubricants
E2 local
E3 local
Oral sequential
EP
Oral continuous
EP
Transdermal E2
Oral E2
Transdermal/oral
E + oral P
+ IUD P
Transdermal/oral
E + oral P
+ IUD P
Qlaira
Zoely
Tibolone
(libido, endometriosis, fibroma)
Non hormonal
Clonidine
Venlafaxine
Gabapentin