P1-IS-49  Hysteroscopy Examination in Women with Breast Cancer Receiving Tamoxifen

Department of OB/GYN, Institute of Clinical Medicine, College of Medicine National Cheng Kung University, Tainan, TAIWAN
Ya-Min Cheng, Cheng-Yang Chou

Tamoxifen citrate is a selective estrogen receptor modulator that is widely used for the treatment of breast cancer. It was found to prevent contralateral side breast cancer recurrence in high risk patients with positive estrogen receptor assay and suggested to receive five years of tamoxifen as an adjuvant hormone therapy. Although it acts as an antiestrogen in breast tissue, it has estrogenic effect in the postmenopausal endometrium and myometrium. Long term tamoxifen therapy is reported to be associated with an increased number of uterine lesions including endometrial polyps, leiomyomas, endometrial hyperplasia, endometrial carcinoma and adenomyosis with the estimated risk about 1.6 to 2.0 per 1000 patients. However the beneficial effect of tamoxifen in women with breast cancer outweigh the potential endometrial adverse effect of the drug. Annual regular follow up of the endometrial cavity by non-invasive transvaginal ultrasonography was suggested. However, some endometrial suspicious lesion noted from transvaginal ultrasonography, hysteroscopy examination can offered more information about the morphology and character of the endometrial lesion. Here we present our experience about the hysterocscopy examination in women with breast cancer receiving tamoxifen.

P1-IS-50  The comparison between outpatient flexible diagnostic minihysteroscopy and saline infusion sonohysterogram for intrauterine mass on sonogram

Dept. of Ob/Gyn, Chonnam University Medical School1, Dept. of Ob/Gyn, Inha University Medical School, KOREA2
Sung-Tack Oh1, Byung-Ik Lee1, Moon-Kyoung Cho1

Objective: If intrauterine mass is found on sonogram, saline infusion sonogram (SIS) has been usually performed for first-step accurate diagnosis rather than hysteroscopy because of patients' discomfort. Recently very small diameter outpatient flexible minihysteroscopy is tried to use for this accurate diagnosis due to minimal patients' discomfort and accurate diagnosis. This study is to evaluate which one is better for first-step accurate diagnosis of intrauterine mass on acceptability of patients.

Methods: Prospective, randomized study was done. In eighty-four patients with intrauterine mass on abdominal or vaginal sonogram, SIS and 3.0 mm outer diameter flexible minihysteroscopy were performed at outpatients clinic. The diagnosis of SIS evaluated by followed minihysteroscopy in all patients. The pain during and after procedure, total duration of procedure, cost, and postoperative complications were compared. The statistical analysis was done by student's t-test and Fisher's exact test.

Results: In forty-two of 84 patients was diagnosed endometrial polyp by SIS, but 34 of 43 patients (79.1%) was polyp and the others were submucosal myomas (4 type I, 5 type II) in minihysteroscopy. In thirty-four of 84 patients was diagnosed submucosal myoma type II by SIS, but 25 of 34 patients (73.5%) was type II myoma and 2 of 34 patients was type I myoma and the others were endometrial polyp in minihysteroscopy. However in seven of 84 patients who were diagnosed to type I submucosal myoma by SIS, minihysteroscopic diagnosis was same in all patients. The total duration of procedure was significantly shorter in minihysteroscopy than SIS (2.5−2.3 min vs. 12.7−8.6 min, P<0.01). The cases of pains during procedures were significantly less in minihysteroscopy than SIS (none of 84 vs. 50 of 80, P<0.01), and cases of postoperative pains were significantly less in minihysteroscopy than SIS (1 of 84 vs. 80 of 84, P<0.01). The costs of both procedure were not significantly different (P=NS). There was no postoperative complication in both procedures.

Conclusions: Because the duration of procedure is shorter and pain during and after procedure in minihysteroscopy is lesser than in SIS, more accurate very small 3mm diameter flexible minihysteroscopy is much better than SIS for first-step confirm procedure after sonographic intrauterine mass.