Hysterosonography performed in bleeding time in the exploration of abnormal uterine bleeding: Diagnostic value
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Objective
The aim of our study is to evaluate the feasibility, safety and diagnostic value of hysterosonography performed in bleeding time among patients consulting for active abnormal uterine bleeding.

Methods
In this prospective study, we included 216 patients visiting our department for abnormal uterine bleeding. All patients had a transvaginal ultrasound with doppler study and an hysterosonography. Secondly, the patients in whom we diagnosed a suspected organic lesion were addressed to an endoscopic or surgical procedure with pathological examination. Initially we evaluated the feasibility and the safety of hysterosonography and secondly we compared the two techniques (EEV and hysterosonography), sensitivity, specificity, LHR + and LHR-.

Results
The hysterosonography was performed in 98.1% of patients and its realization has resulted in an additional period of 1.2 minutes on average (extreme 6-12) compared to ultrasound. The tolerance of the hysterosonographic examination was very good in 73.5% of patients and good in 23.1% of them. For the 167 patients who had been diagnosed with a presumed organic lesions, pathological examination found an endometrial hyperplasia in 34.7% of cases, polyps in 40.1% of cases, sub mucosal fibroids in 11.3% of cases, endometrial cancer in 0.7% of cases and other lesions in 13.2% of cases. The diagnostic value of hysterosonography was superior to ultrasound in the detection of polyps (AUC: 0.894 vs 0.778, P = 0.003) and fibromas (AUC: 1.000 vs 0.716, P = 0.001) while the two methods showed no significant difference in the detection of hyperplasia.

Conclusion
The purpose of our study was to focus on a particular context of use of the hysterosonography consisting on hemorrhagic period and on its realization in the emergency room. We were able to demonstrate that hysterosonography is compatible with the emergency situation as to its feasibility and its diagnostic value and that its realization would contribute to the sorting of patients to guide them immediately to a surgical or endoscopic procedure if necessary.