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ASHERMAN'S SYNDROME

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ABSTRACT

Asherman's syndrome is a rare condition that causes adhesions to form in the uterus. These adhesions can cause a range of menstrual and reproductive problem. Asherman's syndrome or intrauterine adhesion is an acquired uterine condition, characterized by the formation of adhesions inside the uterus or the cervix. The adhesions can be thin or thick, spotty in location, or confluent. They are usually not vascular. The American Fertility Society Classifies the severity of the disease of the in three stages. Asherman's syndrome occurs when trauma to or removal of the basal layer of endometriosis in opposing areas within the uterine cavity. Such injury to the living trigger inflammation that allows these adhesive bands to form one side of the cavity to the other. Abnormalities in placentation where the placental tissue burrows below the basal layer of the endometrial significantly increases the risk of the adhesions can be thin or thick, spotty in location confluent. The adhesive bands are usually not vascular.

Keywords: Asherman's syndrome, reproductive problem, Fertility, vascular

INTRODUCTION

Asherman's syndrome is a rare condition that causes adhesions to form in the uterus. These adhesions can cause a range of menstrual and reproductive problem.

Asherman's syndrome is a condition that affects women's reproductive system. The condition develops as scar tissue in either the uterus or cervix. The scar tissue causes fibrous bands between the walls of the uterus to become thicker. The bands take up more space than usual, making the size of the uterus smaller.

DEFINITION

Asherman's syndrome or intrauterine adhesion is an acquired uterine condition, characterized by the formation of adhesions inside the uterus or the cervix. The adhesions can be thin or thick, spotty in location, or confluent. They are usually not vascular.

Asherman syndrome is considered to be an acquired condition defined by the presence of intrauterine adhesions (IUDs). As occurs when endometrium is replaced by fibrotic tissue, causing the uterine walls to adhere to one another and resulting in symptoms such as



menstrual abnormalities, pelvic pain, infertility, recurrent miscarriage, abnormal placentation and attendant psychological distress.

CAUSES

- It occurs in women who have had several dilatation and curettage (D&C) procedures
- A severe pelvic infection includes pelvic tuberculosis, pelvic infection post -delivery, abortion, or miscarriage
- Uterine surgeries: prior surgeries involving the uterine area for example fibroid removal or C-section can lead to adenomyosis.
- Child birth complications: uterine inflammation due to child birth may result in adenomyosis.

THE FACTORS BELOW ENHANCE THE RISK OF ADENOMYOSIS

- Uterine surgery: Prior surgeries involving the uterine area for example fibroid removal or C-section can lead to adenomyosis.
- Childbirth: Uterine inflammation due to child birth may result in adenomyosis.
- Congenital defects of the uterus, like septate uterus or bicornuate uterus, increase the risk for Asherman syndrome.

STAGES

The American Fertility Society Classifies the severity of the disease of the in three stages

- Mild disease: few filmy adhesions involving less than a third of the uterine cavity with normal menses or hypomenorrhea.
- Moderate disease: filmy and dense adhesions, involvement of the one third to two third of the cavity and hypomenorrhea.
- Severe disease: dense adhesions involving more than two third of the cavity with amenorrhea.

PATHOPHYSIOLOGY

Asherman syndrome occurs when trauma to or removal of the basal layer of endometriosis in opposing areas within the uterine cavity. Such injury to the living trigger inflammation that allows these adhesive bands to form one side of the cavity to the other. Abnormalities in placentation where the placental tissue burrows below the basal layer of the endometrium significantly increases the risk of the adhesions can be thin or thick, spotty in location confluent. The adhesive bands are usually not vascular.

SYMPTOMS

Ashermansyndrome client experiences a variety of symptoms these symptoms can include

- Having very light periods (hypomenorrhea)
- Not having a period (amenorrhea)



- Feeling severe cramping or pelvic pain
- Having difficulty getting pregnancy or staying pregnancy

DIAGNOSTIC FINDING

- Medical History: women with Asherman syndrome have a history of abnormal bleeding after a miscarriage or birth and have undergone a curette (D&C) or other procedure to remove tissue from the uterus.
 - Blood test: To rule out infections, like tuberculosis or schistosomiasis.
 - Hysteroscopy: Hysteroscopy is a procedure where a small telescope is passed into the cervix of the uterus, allowing the gynecologist to see all surfaces of the cervix of the uterus and look for scar tissue.
 - Hysterosalpingogram: In this procedure a dye is injected into the uterine cavity followed by X-rays, to look for any blockage.
 - Hyster sonogram: Fluid is injected into the uterine cavity and ultrasound is simultaneously performed to look for the presence of adhesions.
- Transvaginal ultrasound: This is done to measure the thickness of the inner layers of the uterus.

DIFFERENTIAL DIAGNOSIS INCLUDE

- Thyroid disease
- Hypothalamic dysfunction
- Pituitary dysfunction
- Androgen secreting ovarian/adrenal tumors
- Polycystic ovarian disease
- Cervical stenosis
- Premature menopause

MANAGEMENT AND TREATMENT

- Hysteroscopy: Hysteroscopy to remove the adhesion in the uterus the Hysteroscope is inserted into the vagina through cervix and into the uterus. Scar tissue is very carefully removed during this procedure.
- Hormonal therapies: The hormone estrogen stimulates the growth of the lining of the uterus and it is commonly prescribed for women following surgical treatment of scarring in Asherman Syndrome.

PROGNOSIS

The chances of conceiving and delivery after surgery are lower in patients with moderate to severe disease but may improve after surgery if the cavity can be reconstructed and menses recur. Although a normal appearing uterine cavity may be



seen after repeated surgeries, rebuilding a normal endometrial lining may lag for sometimes after surgery or may not record.

CONCLUSION

Asherman syndrome is rare acquired gynecological condition that professionals associate with a buildup of scar tissue in the uterus. For some people symptoms are mild or nonexistent, while others may experience menstrual cycle and pregnancy issues, including infertility. Treatment can typically cured a person should have no prolonged issues associated with the condition.

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