

CASE STUDY - Oxiplex/IU[®]

Septate Uterus

A 34-year-old woman, with a septate uterus, has a history of miscarriages and unusual bleeding. The patient underwent a hysteroscopic resection of uterine septum, which went smoothly, and the patient went on to conceive and deliver a healthy baby.



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Case Introduction

A 34-year-old woman, with a septate uterus, has a history of miscarriages and abnormal uterine bleeding.

Case Presentation

Patient underwent 3D ultrasound imaging and a saline infusion sonography that confirmed a septate uterus. She had counseling to go over the impact of the uterine septum on recurrent pregnancy losses and went through options of management. The patient decided to manage the septum expectantly and subsequently conceived within 3 months of her first miscarriage.

The patient had a difficult second pregnancy with persistent bleeding from 8 weeks gestation. She subsequently miscarried at 17 weeks gestation. Her mid trimester pregnancy loss investigation did not reveal any fetal genetic abnormality or maternal thrombophilia. Following the 2nd episode of miscarriage she elected to have a hysteroscopic resection of uterine septum.

Operative Approach

Patient had an MRI of abdomen and pelvis to rule out associated renal abnormalities. This came out normal. She underwent a hysteroscopic resection of uterine septum with the Karl Storz Operative Bettocchi hysteroscope 2.9mm using cold scissors and bipolar diathermy.

The procedure was uncomplicated with less than 50mls blood loss. 10mls of Oxiplex/IU gel was instilled into the uterine cavity after the procedure to reduce the risk of postoperative intrauterine adhesions. There was minimal resection site ooze at time of Oxiplex/IU application.

The patient reported no abdominal discomfort nor vaginal discharge in the immediate postoperative period.

Septate Uterus



2D Image of Septum on Saline Infusion Sonography



Follow-Up

Oxiplex/IU appears as a hyperechogenic material in the endometrial cavity post instillation.

Post operation, the patient started on a 3-month regimen of hormonal treatment as per our routine post-operative management regimen following intrauterine surgery. She had 3 weeks of progynova 2mg daily followed by a week of Provera 10mg daily.

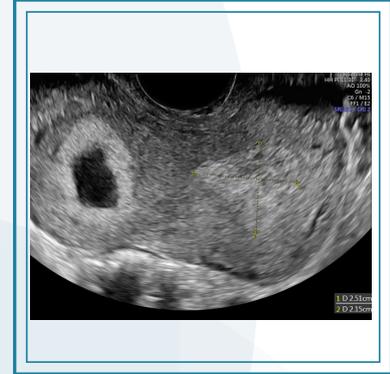
Her periods were reported as normal with duration of menstrual flows lasting 3 days in the first 3 months after surgery while on hormonal treatment. At her 6 weeks postoperative review, she had a repeat 3D imaging of her uterus.

She also had a repeat hysteroscopy at 3 months post-surgery to further evaluate her endometrial cavity and assess her tubal patency. The hysteroscopy showed a normalized single endometrial cavity with no post resection adhesions and open tubal ostia.

She ceased hormonal treatment after the repeat hysteroscopy and spontaneously conceived within a month of ceasing hormonal therapy.

The patient subsequently delivered a baby boy in August 2021 at 39 + 3 weeks gestation via Caesarean section following an unsuccessful induction of labour. Her pregnancy was complicated by insulin requiring gestational diabetes.

Showing location of gestational sac at 7 weeks 5 days in the right uterine cavity with dense decudua ultrasonographic image in the left uterine cavity



Hysteroscopic view of the uterine septum showing the left cavity and the septum



Transabdominal 2D gray scale imaging post instillation of Oxiplex IU



Discussion

10 mls of Oxiplex/IU was well tolerated by the patient - she did not report any abnormal vaginal discharge, abdominal discomfort or adverse reaction to Oxiplex/IU.

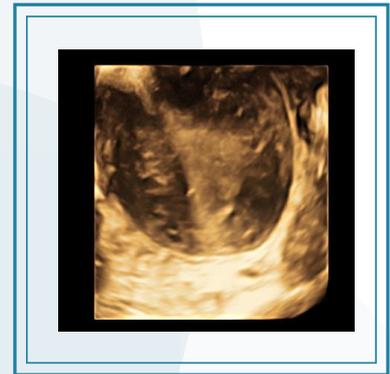
There was minimal physician training required for use of Oxiplex/IU.

Use of Oxiplex/IU negated the need for an intrauterine device or pediatric Foley catheter to reduce risk of uterine adhesions post-surgery.

Oxiplex/IU did not inhibit her ability to become pregnant. She conceived within a month of ceasing hormonal treatment.

Oxiplex/IU appears as a hyperechogenic material within the endometrial cavity on transabdominal scan.

Image at 6 weeks post resection of septum



Hysteroscopic view of single endometrial cavity 3 months post resection of septum

