



Dr. Bahareh Samiei-Sarir
MBBS FRANZCOG
OBSTETRICIAN & GYNAECOLOGIST



The Royal Australian
and New Zealand
College of Obstetricians
and Gynaecologists
Excellence in Women's Health

Asherman Syndrome

Asherman syndrome means that scar tissue is present inside the uterus (womb) or cervix.

Although this scar tissue does not interfere with your health, it can prevent you from getting pregnant or, in rare cases, may affect development of a baby during pregnancy.

It is more likely to occur if you have had a number of surgeries where the uterus needed to be emptied more than once, after a miscarriage or retained placenta. Fortunately, Asherman syndrome is rare.

Many women will not notice anything at all, especially if you have reached menopause. The most common problem you may notice is a change to your menstrual cycle – lighter periods, or none at all. If you are still having your period, you might experience an increase in period pain.

The amount of scarring does not have a direct impact on your periods. Some women with minimal scarring may have no periods, others with significant scarring experience near-normal menstruation. The change may be so minimal that it cannot be noticed.

If scarring occurs at the time of a term birth, the women will not notice lighter menstruation until she weans the baby and her normal menstrual cycle returns.

How is Asherman syndrome diagnosed?

The doctor will ask about your medical history

Most 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.

In most cases, women are also aware of a reduced menstrual flow that persists over several cycles. Some women report feeling all the symptoms of approaching menstruation, but 'nothing happens'.

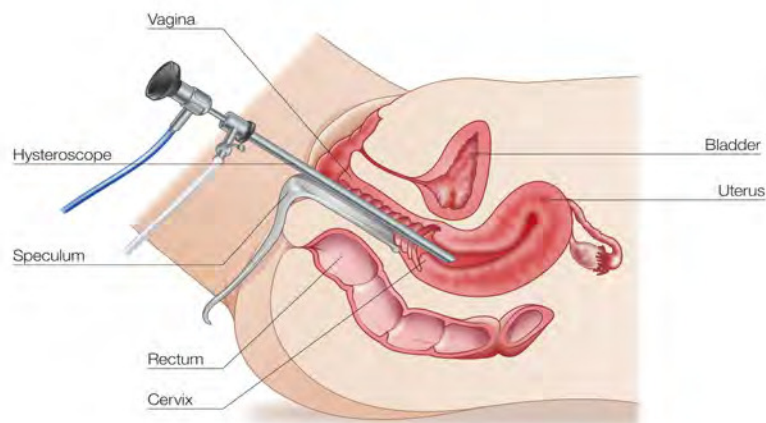
Sonography

The scarring of Asherman syndrome is often not visible on regular ultrasound testing. A special test where fluid is used to outline the cavity of the uterus is more likely to detect the problem.

However, scarring within the cervix is much more difficult to see with ultrasound, whatever method is used. It is important to understand that a normal ultrasound does not rule out Asherman syndrome.

Hysteroscopy

Hysteroscopy is the only procedure that allows complete assessment of the uterus, and is more accurate in the diagnosis of Asherman syndrome than ultrasound. Hysteroscopy is a procedure where a small telescope is passed into the cervix and the uterus, allowing the gynaecologist to see all surfaces of the cervix and the uterus and look for scar tissue.



How is Asherman Syndrome diagnosed?

Hysteroscopy

Hysteroscopy allows the gynaecologist to see the scar tissue and to use instruments to cut and remove it.

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.

Other medication

Antibiotics at the time of surgery are commonly used to help reduce the risk of infection.

Adhesion barriers

If the scar tissue is operated on, it may stick together again after the procedure. To reduce this risk, a barrier may be used to keep the walls of the cavity apart.

Moving forward

Asherman Syndrome is a life-long condition. Whilst your doctor can minimise the scarring inside the uterus, unfortunately a scarred uterus often remains scarred.

Treatment can improve the tissue to allow a pregnancy to occur, however changes which involve the deeper layers of the uterus are likely to remain to a certain extent.

If you do not have painful symptoms and are certain that you don't want to have any more children, then there is no need to treat Asherman syndrome.

No harm will come from the presence of the scar tissue itself, though you may have reduced, or even no periods, until you reach menopause.

