



Adhesion Barrier Gel for Intrauterine Surgery

Septate Uterus

CASE REPORT



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- Gynecological surgeon focusing on minimally invasive laparoscopic procedures.
- Recognized endometriosis specialist.
- Studied pelvic reconstruction surgery at The Cleveland Clinic, Florida, United States.
- Studied gynecological endoscopy in Strasbourg and Clermont-Ferrand, France.
- An active member of the Brazilian Society of Minimally Invasive and Robotic Surgery and the Brazilian College of Surgeons.

Case Introduction

A 35-year-old patient sought medical care with a prior history of recurrent miscarriages and a bicornuate uterus.

Case Presentation

In her first pregnancy, 4 years before the consultation, the patient experienced a miscarriage at 24 weeks of gestation and underwent a normal delivery, with complete expulsion of the fetus, without the need for curettage.

Three years later she became pregnant again and had another miscarriage at 7 weeks of gestation. One year after that, she became pregnant spontaneously once more and had another miscarriage, this time at 10 weeks of gestation.

She sought our assistance and underwent a pelvic MRI which identified the presence of a partially septate uterus, with a distance from the fundus of the cavity to the uterine serosa of approximately 30mm and a distance from the fundus of the cavity to the inter-ostial line of approximately 22 mm (Figure 1-4).

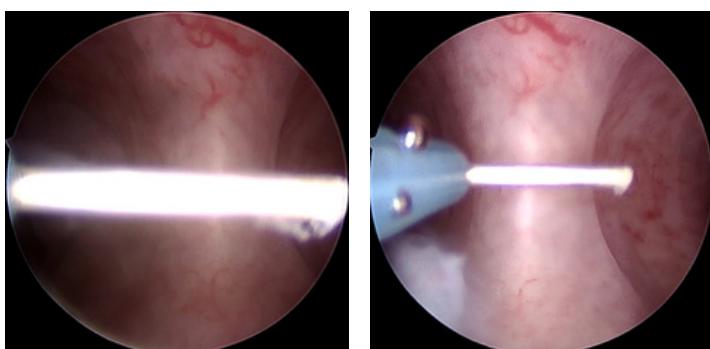


Figure 1 and 2: Uterine septum as demonstrated in the preoperative pelvic MRI



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FzioMed

10 mL
10 mL

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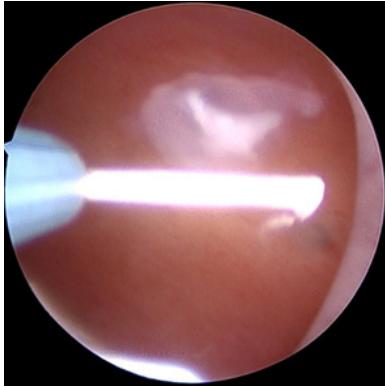


Figure 3: Image of the left tubal ostium

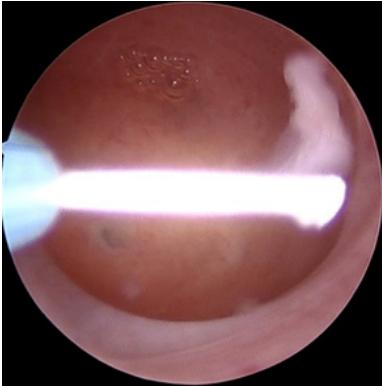


Figure 4: Image of the right tubal ostium

Surgical Procedure

She underwent surgical hysteroscopy for metroplasty, and at the end of the procedure, **Oxiplex/IU® Adhesion Barrier Gel** (**FzioMed**, San Luis Obispo, CA, USA) was applied to minimize the formation of postoperative adhesions (Figure 5-11).

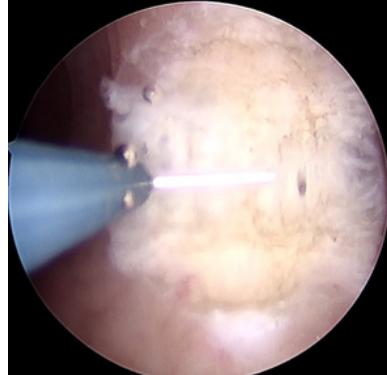


Figure 5: Fundal metroplasty along the midline.

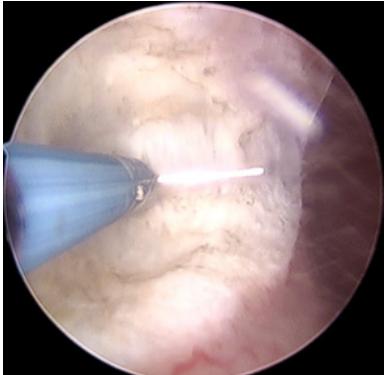


Figure 6: Fundal metroplasty on the right side.

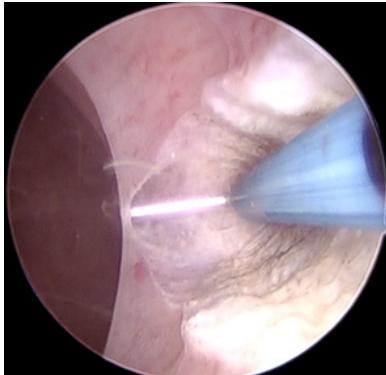


Figure 7: Fundal metroplasty on the left side.

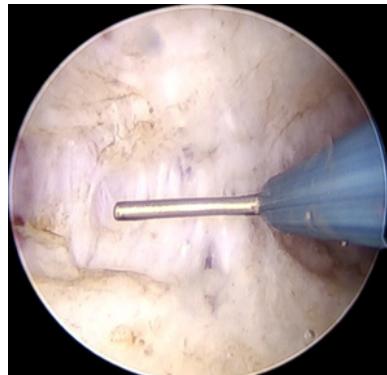


Figure 8: Completion of fundal metroplasty along the midline.



Figure 9: Final appearance of the metroplasty

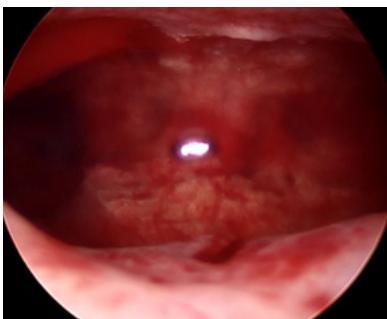


Figure 10 and 11: Injection of **Oxiplex/IU** under direct visualization with Bettocchi hysteroscope



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Follow-up

A pelvic MRI was performed 30 days after the hysteroscopy procedure, showing signs of septoplasty, with a distance from the fundus of the cavity to the uterine serosa of approximately 20mm and a distance from the fundus of the cavity to the inter-ostial line of 13mm (Figure 12).

Therefore, a second-look surgical hysteroscopy for metroplasty was proposed. During the surgical procedure, a fundal metroplasty was performed again, with the cavity opened up to the inter-ostial line (Figure 13, 14, & 15).

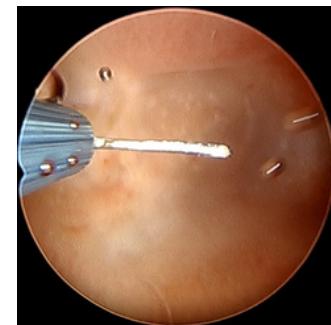


Figure 12: Residual fundal septation as demonstrated in the postoperative follow-up pelvic MRI.



Figure 13, 14 & 15: Fundal metroplasty performed with Collins loop and mini-resectoscope.

Conclusion

Thirty days after the second hysteroscopy, a follow-up diagnostic hysteroscopy was performed, revealing a satisfactorily shaped uterine cavity and effective treatment of the uterine septum.

No intrauterine adhesions were found (Figure 16 and 17).

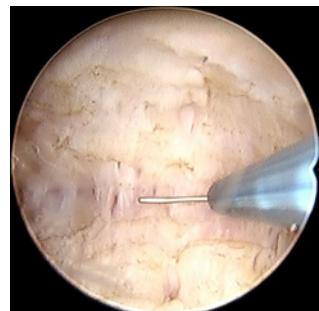


Figure 16 and 17: Final appearance after fundal metroplasty

She was then advised to resume attempts to conceive. She successfully became pregnant 2 months after this follow-up hysteroscopy (Figure 18).

She is currently in her seventh month of pregnancy.



Figure 18: Image of the right tubal ostium and part of the uterine cavity,