

International Conference on

GYNECOLOGY & OBSTETRICS PATHOLOGY &

2nd World Congress on

EMBRYOLOGY & *IN VITRO* FERTILIZATION

March 30-31, 2018 | Orlando, USA

Hysteroscopic assessments of the uterus among indigenous black African women presenting for IVF in Nigeria

Bamgboye M Afolabi

Health, Environment and Development Foundation, Nigeria

Hysteroscopy is an essential tool of choice to make intrauterine lesions (IUL) visible, allowing for appropriate corrections. Abnormalities within the uterus are considered to have a negative impact on the chances of conception after *in-vitro* fertilization. This retrospective study aimed to determine the frequency and pattern of IUL identified at hysteroscopy among infertile women attending Nordica Fertility Centre (NFC) in Lagos, Nigeria. In all, 3116 consecutive patients underwent diagnostic/therapeutic hysteroscopy at NFC from 2003 to 2014. Age (years) was categorized into <30, 30-34, 35-39, 40-44, 45-49 and ≥50 and Body Mass Index (BMI kg/m²) into underweight (<18.5), normal (18.5-24.9), overweight (25.0-29.9) and obese (≥30). A total of 902 (28.9%) were presented with primary and the rest (71.1%) with secondary infertility. The 889 (28.5%) women who performed hysteroscopy had means (±SD) of age (years), BMI (Kg/m²) and duration of infertility of 36.9 (6.2), 27.8 (5.1) and 6.5 (5.0) respectively. Abnormal findings were detected in 483 (63.5%) of those who performed hysteroscopy. The most prominent uterine abnormality detected were intrauterine adhesion (44.5%), fibroid (156, 25.9%), endometrial polyps (120, 24.8%), cervical adhesions (24, 5.0%) and cervical stenosis (11, 2.3%). Other uterine pathologies were uterine septum (11, 2.3%), fibrotic band (10, 2.1%) and scarred endometrium (7, 1.4%). The highest proportion of women with uterine fibroid (49.6%) was aged 30-39.9 years while the highest proportion of those with uterine adhesion (44.9%) was aged 40-49.9 years. Our data are an additional argument to propose prior intra-uterine evaluation by hysteroscopy prior to *in-vitro* fertilization.

bmafolabi@gmail.com

Notes: