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Study of the Variety of Pathologies Diagnosed by Hysteroscopy understanded between the Years from 2019 to 2020: Case Study

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Keywords*— *Biopsy, Endometrium, Abnormal uterine bleeding.

***Abstract*—** *Abnormal uterine bleeding is a frequent condition that can negatively affect the physical, emotional, sexual and professional aspects of women, reducing their quality of life and can lead to anemia. It is necessary to be aware of when patients have severe and acute bleeding, they need urgent treatment, with volumetric replacement and hemostatic substances. Often, situations arise that require prolonged treatment and others in which surgical treatment is necessary. Called endometrial ablation whose surgical technique is capable of destroying or resecting the endometrium, indicated in cases of abnormal uterine bleeding without improving with clinical treatment or with contraindication to it. It is an alternative to hysterectomy in the treatment of benign pathologies, being less invasive and less aggressive, with less morbidity and mortality and with considerable cost reduction. Objective: This study aims to analyze the main indications and procedures used for the study of varieties of pathologies diagnosed by hysteroscopy performed in service between the years 2019 and 2020. Methodology : This is a bibliographic, qualitative and descriptive review that will be carried out through books, reading and analysis of national and international scientific articles, course completion works through consultations in the electronic databases, Pubmed, Virtual Health Library, including electronic journals specialized in the area. For this, this research was divided into two moments that refer: the bibliographic research and case study, using the data collection technique through the results obtained from the patients' exams. Results: The results attested that the presence of endometrial polyps, followed by the atrophic endometrium, integrated the most frequent histological and hysteroscopic diagnoses. Polyps and functional endometrium prevailed in younger patients, while in older women, polyps and endometrial atrophy predominated, both through hysteroscopy and endometrial histology.*

I. INTRODUCTION

Currently, several studies have proven that the causes of vaginal bleeding from the uterus are diverse , where it can occur at any age, resulting from problems related to anovulation, benign or malignant anatomical lesions, pregnancy or hormonal disorders. In order to diagnose the cause of bleeding, it is necessary to perform tests such as endometrial biopsy, uterine curettage, transvaginal or abdominal ultrasound and hysteroscopy. Abnormal uterine bleeding (SUA) is

called changes in menstruation resulting from increased volume, duration or frequency, negatively affecting the physical, emotional, sexual and professional aspects of women, worsening their quality of life, at reproductive age, in peri and post-menopause and may even cause anemia.

Often, most women, with the exception of those with dysfunctional uterine bleeding, have benign conditions. However, l esões focal intrauterine, especially polyps endometrial and fibroid submucosal are con - ditions common gynecological, affecting 30 and 40% respectively in patients with abnormal uterine bleeding (SVIRSKKY; SMORGICK; ROZOWSK; Sagiv; FEINGOLD; HALPERIN et al. , 2008) .

It is believed that most women do not have the knowledge of the performed method called hysteroscopy, despite being a procedure widely performed in clinics and hospitals. This method is considered effective for the evaluation of the uterine cavity, either in cases of indeterminate bleeding or for the investigation of infertile patients. The hysteroscopy is very important because it detects and locates anatomical lesions such as polyps, fibroids, hyperplasia and carcinoma, and enabling the realization of directed biopsy. Through this, the doctor visualizes the inside of the uterus and the endocervical canal with an instrument called a hysteroscope that is introduced through the vagina and through the cervix.

The reason for choosing the theme becomes relevant and is justified by the researcher's curiosity and deepening in investigating the study of the use of the hysteroscope instrument, to verify with precision and effectiveness on the functioning of the uterus, problems and difficulties faced by women as : recurrent spontaneous abortions; excessive menstrual flow and suspected endometrial cancer and difficulties in getting pregnant, so that the surgical modality can be avoided.

The research becomes relevant, as it brings information and contributions to the specialized medical area, discussing and clarifying abnormal uterine bleeding and the success of the treatment. Informing that in situations of acute and intense bleeding, it is acceptable that the treatment be established, whose objective is to stop the bleeding and stabilize the patient's hemodynamics, delaying the investigation once the bleeding is controlled.

According to Goldstein (2010), he affirms that every symptomatic patient, over the age of 35 years, should be evaluated, or earlier, if he presents risk factors, specifically as: obesity and chronic anovulation. It is noteworthy that the realization of a tra - clinical ment alone is not enough to exclude intrauterine disorders and is recommended to obtain material for examination endometrial pathology.

Within this view, the problem that will be investigated in this research will be the following: What are the main indications and procedures used for the study of varieties of pathologies diagnosed by hysteroscopy performed in service between the years 2019 and 2020?

R ESPONDING by this *study* , as well as some of the *hypotheses* as possible support to the problem raised, it is believed that abnormal uterine bleeding encompasses a number of diseases and female hormonal changes, it is suggested to perform an assessment to detect the accuracy of ultrasound imaging transvaginal to diagnose possible intrauterine lesions, where hysteroscopy can become a reference standard and, therefore, it is believed that hysteroscopy is a non-invasive exam, requires training, considered low cost, easy access to the population, being a standard gold for the evaluation of the endometrial cavity.

The aim of obtaining answers to this question led to the formulation of the following general objective: To analyze the main pathologies and procedures used for the study of varieties diagnosed by hysteroscopy performed in service between the years 2019 and 2020. From this investigation, the specific objectives that this study was dedicated to: Describe the origin and historicity of outpatient diagnostic hysteroscopy ; c ompreender the doprocedimento importance of hysteroscopy in women's health, talk about uterine intracavitary injury to pontar the indications and contraindications to perform the examination hysteroscopy; and finally, to analyze the pathological conditions diagnosed in service during the years 2019 and 2020; provide information to the population and the health team, especially the medical profession, about the importance of performing a hysteroscopic examination, in cases where a complementary diagnosis is necessary.

To this end, a survey of the bibliography of the publication of the last five (5) years was carried out , followed by a case study carried out through the evaluation of a diagnostic test in patients seen at the researcher's clinic, between the years 2019 and 2020, so that there would be a deepening until the dissertation was written. Among the various publications, those in Portuguese and English will be selected, internet articles that included in treatments or research on the variety of pathologies diagnosed by in-service hysteroscopy. Studies that do not deal with pathologies or that have low methodological quality will be excluded.

II. THEORETICAL FRAMEWORKS

2.1 ORIGIN OF AMBULATORIAL DIAGNOSTIC HISTEROSCOPY

The first hysteroscopy was performed by Pantaleoni in 1865. He used a cystoscope that he had invented four years ago by Desormaux in Paris, and that the source of light was called alcohol. Panteloni in 1869 managed to isolate a polypoid lesion in a woman who was 60 years old and had postmenopausal bleeding, after which she cauterized the lesion with silver nitrate (MENGAGLIA; NETO, 2002).

Pantaleoni (1865) dilated the cervix in the 24-hour period with laminaria. In 1879, through the invention of the electric lamp by Thomas Edison, there were improvements in lighting that were incorporated into stethoscopes in the year 1898. In 1914, Heineberg (1890) experimented with the distension of the uterine cavity with water, to improve the visualization of the cavity and to cool the heat caused by the light source.

In 1925 Rubin introduced carbon dioxide (CO_2) as a form of distension, but several patients had pneumoperitoneum complications and the technique was abandoned. In 1934 Shoeder was responsible for developing a 10 mm endoscope with an optical system with the possibility of three-dimensional vision. In 1952, Forestier, Glandu and Vulmiere used cold light for the first time. It took place in 1957 Palmer reduced the diameter of hysteroscopes to 5mm. Around 1960 Hopkins rearranged the glass lenses so that minimal columns of air were between the longest bars on the glass. In 1970 Lindeman and Porto reintroduced CO_2 as a means of distension. Around 1979 Jacques Hamou invented the modern panoramic hysteroscopy, with thinner hysteroscopes, no longer considering cervical dilation or analgesia as necessary. Jacques Hamou is the father of modern hysteroscopy (MENGAGLIA; NETO, 2002). Diagnostic hysteroscopy does not require speculation or clamping or dilation of the cervix.

According to Mengaglia, Neto (2002) when performing the surgical hysteroscopy, it has the need for anesthesia, dilation of the cervix until Hegar candle No. 9 to perform the introduction of instruments. Hysteroscopiac surgery allows endometrial resection through large quantities in endometrial ablation and myomectomy procedures for submucosal fibroids, in addition to polypectomies, among others. Uses mono or bipolar current resectoscope and works with electrical energy.

Nowadays, led light is used, and the distention of the uterine cavity is usually performed with 0.9% saline from diagnostic hysteroscopies. The cervix has sympathetic and parasympathetic nerve endings, which makes it a site of pain when pinched, pulled or stretched. Modern diagnostic hysteroscopy no longer uses a speculum, nor does it clamp the cervix with Pozzi forceps. The technique used in the introduction of the hysteroscope is currently performed with a patient in a gynecological position without the need for anesthesia or sedation of the patient, when the vagina is then obliterated with the left hand, the hysteroscope irrigates the vaginal cavity with saline, the cervix is visualized and enters it under direct vision. When viewing the internal cervical orifice, the hysteroscope is rotated 90 ° and enters the uterine cavity. The internal cervical orifice has a lying oval shape and the hysteroscopes also have this shape, so there is a need for 90º rotation, so that the oval surfaces and fit, and the hysteroscope enters the uterine cavity. After being inside the cavity, in addition to the visualization of the tubular ostia and uterine walls, you can introduce biopsy micro-pieces or even micro-scissors. Diagnostic hysteroscopy is not limited to only analyzing lesions, but also the act of performing procedures such as sectioning synechiae and excision of small polyps, and endometrial biopsy, removing foreign bodies, among other things (BETTOCHI et al, 2002) ..

It is important to remember that the endometrium is devoid of nerve endings and can be used without causing pain, but the myometrium has nerve endings and the internal manipulation of the cavity always tries to avoid deepening any forceps. This technique, described without the use of a speculum, without clamping the cervix, is identified as vaginoscopy or hysteroscopy (BETTOCHI et al, 2002).

Among the endometrial pathologies in which hysteroscopy clearly demonstrates the gold standard of diagnosis, and often create the possibility of all the convenience of seeing and treating, there are endometrial polyps (CLARK, STEVENSON, 2017).

2.1 THE IMPORTANCE OF THE HISTEROSCOPY PROCEDURE IN FEMALE HEALTH

Experts recommend performing hysterosopia for more complex procedures for each complication in the pelvic region. When the transvaginal ultrasound scan procedure is performed, it makes it possible to detect endometrial pathology with high sensitivity, this being the first step to use a diagnosis in the screening of symptomatic postmenopausal women, but an endometrial pathology cannot be completely excluded. In this case, it must be completed by the hysteroscopic evaluation when there is an alteration or atrophy of the thickness of the endometrium, in order to be able to detect the cancer and its precursors at an early stage (MARELLO and BETTOCHI et al., 200 2).

When the woman has a uterine bleed that may appear within a year or after menopause, they need to be properly diagnosed prior to any treatment. Generally, 60% of women who experience postmenopausal bleeding do not see any pathological cause in the genital tract. According to Choo et al. (1995) the sampling of the endometrium presents an atrophic and rarely proliferative endometrium; where endometrial cancers are associated with postmenopausal uterine bleeding as a presenting symptom in 90-95% of cases. For the establishment of a gold standard of diagnosis, endometrial sampling under general anesthesia is confirmed by the endometrial sample .

Research data show that the curettage of the uterine cavity has a false negative rate between 2% and 10% in cases of focal injury. It is necessary that all women who experience postmenopausal hemorrhage should undergo a clinical examination and transvaginal ultrasound examination. When performing such a procedure, the endometrial thickness ultrasound shows a good precision in the distinction between normal and pathological endometrium and, thus, will contribute to the reduction of unnecessary exams in postmenopausal women (EPSTEIN and VALENTIN, 2004).

Emphasizes Garuti et al. (2001) that the procedure performed by hysteroscopy is much more accurate than transvaginal ultrasound due to its specificity being indicated for all patients with endometrial band greater than 4mm in thickness.

According to Garuti et al. (2001), such a procedure allows the direct visualization of the endometrium where it surpasses curettage in making an accurate diagnosis of pathologies in the uterine cavity. Hysteroscopy compared to other invasive methods has a great value in the diagnosis of benign diseases such as fibrocystic endometrial polyps and submucosal fibroids. When referring to oncologically suspicious hysteroscopic images , these should always be followed by endometrial sampling and lesion removal is indicated in all symptomatic patients, even those who may have a defined risk for endometrial cancer.

However, it is realized that hysteroscopy is an important part in the evaluation of S UA in patients postmenopausal, this happens when the uterine bleeding not presented as a final barrier so that you can view the endometrial cavity. When biopsy and direct visualization of the uterine cavity are associated, the cause of postmenopausal bleeding is identified with a high probability (LIBERIS et al., 2010).

Video hysteroscopy, where a thin optical fiber is introduced into the vagina into the uterine canal, transporting a light into the vagina, together with a gas (carbon dioxide) to distend it, being controlled by the automatic hysteroflator that allows protection and safety regarding absorption. of CO^2 by the patient. It is noteworthy that the gas can be replaced by the use of saline as a means of distention, being safer and allowing the performance of hysteroscopic surgery using bipolar electrosurgery in liquid medium ("see and treat" technique). The optics mentioned are inserted in a micro camera taking the image to a monitor allowing the specialist doctor to visualize the cervical canal with greater clarity and to identify the diseases existing in this location. Right after the exam, the patient can return to his normal life by performing his activities. At that moment of the exams, they are recorded, and photographed, and this procedure performed is called diagnostic hysteroscopy (C RISPI et al., 2012).

After examining the exams, if the doctor verifies a more serious illness, he will ask the patient for his hospitalization. So that a Surgical Hysteroscopy can be performed, which this treatment can be performed by the endoscopic route. This type of procedure allows to perform surgery through the cervix, without making any cuts or incisions, being the patient in a hospital environment, hospitalized, at most, 24 hours. Even though it is being performed in the same way as the Diagnostic Hysteroscopy, the Operative Video Hysteroscopy requires hospitalization and anesthesia, as the instruments used have large diameters, that is, more calibrated. This applied method reduces the risk of nosocomial infection and the patient's recovery is very fast (C RISPI et al., 2012).

For Goyal et al. (2015) to hysteroscopy has a percentage of 1% of surgical complications being stated ada for the removal of fibroids, r and taken polyps, removal of adhesions (scars) or septa (congenital disorder), ablation of Endometrium (alternative to hysterectomy) for reduction of bleeding, removal of foreign body, directed biopsy and finally, catheterization / tubal ligation.

2.3 INTRACAVITARY UTERINE INJURIES

Lesions of the mucosa, benign, of endometrial tissue covered by epithelium and of variable content of glands, stroma and blood vessels, are called endometrial polyps. It can affect patients in their menstrual period or post menopause. It is noticed that the great complaint of the patients is due to bleeding, in large irregular quantities or after menopause, which may be correlated with infertility. They are often considered asymptomatic, and for this reason, the actual incidence of endometrial polyps is unknown, some researchers estimate a prevalence of

around 20 to 55% in the female population (DEWAAY et al., 2012; BEM-ARIE et al., 2014).

According to the aforementioned authors, the classic image of the polyp on ultrasound is of solid echogenic structure, containing defined limits, deforming the uterine cavity and the endometrial echo. However, in day-to-day practice, the presence of localized thickening of the endometrial image is frequently found and, in post-menopause, an image of solid formation supplying the entire uterine cavity with small permeated cystic formations.

At hysteroscopy, presenting different shapes and sizes, endometrial polyps occupy practically the entire uterine cavity, being the only or multiple, pedicled or sessile. Because they are located inside the uterine cavity having insertion in the endometrium, they usually never reach the myometrium. It has a pinkish-gray, smooth and shiny surface and, sometimes it is possible to notice the presence of small cysts in the stroma. These do not have abundant superficial vascularization, being possible to visualize. Many scholars claim that the accuracy in the diagnosis of polyps by ultrasound ranges from 65.9% to 88.33%. (CRISPI et al., 2012).

The most common tumors found in the uterus are fibroids, which are nodules of a benign nature, composed of smooth muscle cells and fibrous connective tissues, with an estimated incidence of 50% of necropsy exams. Most women are asymptomatic and, after menopause, the fibroid grows in size and symptoms are rare. Because they are located inside the uterine cavity, they cause continuous bleeding causing infertility (FATEMI et al., 2010; GOYAL et al., 2015).

According to Loverro et al., (1999); Trojano et al., (2018) the endometrium, consists of the inner lining layer of the uterus, constituted by a basal lamina covered by glands and stroma. When the woman is in her reproductive phase, she is influenced by hormones and has a cyclic increase and then a decrease. When the woman enters the post-menopause phase, there is a reduction in estrogenic stimuli, and a non-proliferated endometrium is expected. The studies carried out demonstrated a limit value of thickness of 5 mm, in ultrasound evaluations, portraying safety to evaluate endometrial thickening in the post menopause regarding the possible risk of endometrial cancer, this being the greatest concern of the specialist with regard to the evaluation of the endometrial cavity. .

In the words of Fatemi et al. (2010) endometrial cancer is the malignant neoplasm of the female pelvis most commonly found in women in the United States and being the second most common in Brazil justifying the concern in the diagnostic accuracy for this disease.

When an ultrasound assessment of endometrial thickening is performed, thickness is considered the first value to be obtained. It is noteworthy that in post-menopause, endometriums greater than 5 mm in thickness should be investigated, and thicknesses that exceed 10 mm are related to malignancy. Echogenicity is an important endometrial evaluation, with regularity of the endometrial-myometrial interface and the presence of intracavitary fluid. Generally, when any suspicious footage is recorded, it usually presents large, heterogeneous and irregular echoes, subdivided by the uterine cavity and, occasionally, myometrium (MENCAGLIA and ALBUQUERQUE NETO, 2004).

At hysteroscopy, endometrial thickening consists of whitish material and in compact vessels with pseudopolypoid growth forming. grooves when having contact with the hysteroscope. Further, it is noticed that the cavity is reddish in color with cysts, craters, synechia, in addition to the appearance of hemorrhagic areas and hypertrophic vessels in the superficial path. Sometimes an abnormality is noticed when a striking polypoid aspect is present, expressing cerebroid tissue, which can be varied, with a softened to buttery fibroelastic consistency. The abnormal vascularization consists of vessels of different thickness whose shapes are spiral, being the most relevant aspect to be evaluated when it presents a certain abnormality (MENCAGLIA et al., 2004; DOTTO et al., 2003).

According to Shivalingaiah (2014); Wanderley et al., (2016) the ultrasound accuracy for an assessment of endometrial thickening ranges from 63.2% to 88.33%. Being that the anatomical variations of the uterus usually happen to be diagnosed, the verification of the infertility exam. Such incidence of investigation is usually around 6%; being that in infertile patients, the incidence varies from 14% to 74% It is noteworthy that these values may vary according to the sample and the type of population studied. This group consists of changes in the embryogenesis process (genital or Müller duct malformations). Mainly, when referring to intrauterine anatomical variations, where ultrasonography allows visualization of the cavity duplicity and rudimentary horns.

The procedure used with transvaginal ultrasound has great relevance in the preparation of these variations, presenting a good precision. The 3D image performed by transvaginal ultrasound is considered to provide accurate accuracy for the best examination in the evaluation of septate uterus. Therefore, hysteroscopy is based on the diagnosis of septum visualization, demonstrating the cavity divided into a single tubal orifice, in cases of unicornual cavity (BUTTRAM and GIBBONS, 1979).

Having an endometrium of less than 4 or 5 mm called endometrial atrophy, consisting of the performance of ultrasound in the post menopause, it is considered a very important diagnosis in the evaluation of the uterine cavity. With the endometrium below 4 mm, with no symptoms after ultrasound, a high negative predictive value (99%) for malignant diseases of the uterine body (MENCAGLIA and ALBUQUERQUE NETO, 2004) is shown.

As Mencaglia and Albuquerque (2004) affirm that the compliance for atrophy, by ultrasonography reaches 90%; because when performing hysteroscopy, an atrophic endometrium is represented by the whitish and pale color and the vascularization of the basal lamina of the endometrium is exposed. Uterine synechiae are seen as suspicious on ultrasound because they contain echogenic points in the intimacy of endometrial echo, which can be confused with polyps by less experienced technicians.

Generally, uterine synechiae are the result of infections, where they are classified as mild, moderate or severe, subject to the involvement of connective tissue structures and the extent of involvement of the cavity. When performing hysteroscopy, the evaluation may present a quarter of the affected uterine cavity and with thin adhesions on the wall; moderate, with one to three quarters of the uterine cavity affected, without adherence to the walls and with partial involvement of the ostia and fundus; and severe, when affected by more than three quarters of the cavity, adhered walls, ostia and elevated cavity causing changes (MARCH et al., 1978).

When carrying out an analysis of the relevance of endometrial lesions, the accuracy of the diagnosis is observed, where it is allowed to make an appropriate treatment and thus improve the prognosis. When a wrong diagnosis is made, it leads to an incorrect treatment, increasing morbidity and decreasing the patient's quality of life. The existence of costs and expenses for the patient in the health system. Therefore, an accurate diagnosis is necessary, reducing disorders, risks and costs for the health system (MARCH et al., 1978).

It is noteworthy that, after having presented in detail all the characteristics of each type of lesion to transvaginal ultrasound, its conformity, sensitivity and specificity, are not very clear and defined in the literature.

2.4 HISTEROSCOPY: INDICATIONS AND CONTRAINDICATIONS

2.4.1 Indications

Because it is currently considered by experts as the gold standard in the evaluation of the uterine cavity and diseases that are interrelated with this cavity, hysteroscopy is the most appropriate procedure to be used. This method makes it possible to carry out an evaluation of the uterine cavity, the functioning of the endometrium such as vascularization, thickness, presence or absence of mucus and any sign of infection; being the only one that allows a directed biopsy of suspicious areas or injuries. This method is recommended because it is also possible to treat possible injuries where some advantages classically related to the endoscopic approach have already been mentioned, such as lower morbidity and mortality, reduced hospital stay and lower cost (OSTHOFF L .; SOARES A .; KOCH HA, 2007).

According to the authors the information may be: Abnormal uterine bleeding, infertilidade, diagnóstico of suspected pathologies by other methods , L OCATION of foreign bodies into the uterine cavity

2.4.1 Contraindications

When the patient presents pregnant, you should not perform a hysteroscopy . To be noted the presence of uterine bleeding often and with great abun d Crone which may impair the view through the hysteroscope, and the recent or active infection. It is impossible to perform a safe procedure such as difficulties for biopsies, more frequent bleeding and fragility of the uterine tissues. It is identified as high risk of spreading or agra va ing in an infectious process, this is related to the execution of the procedure. When faced with such situations , each case should be prioritized , always considering the specific characteristics of the patient and also considering the experience of the entire medical team with the referred technique (FREITAS, F .; MENKE, CH; RIVOIRE, WA; PASSOS, E , P 2011).

III. METHODS

3 .1 TYPE OF STUDY

T rata is a bibliographical research, qualitative and descriptive, which was used in books, reading and analysis of national and international scientific articles, completion of course work through consultation in electronic databases, Pumed, Library Virtual Health, including electronic journals specialized in the area and books , dissertations, scientific articles and also in university libraries with the purpose of structuring the entire textual body of the referred study.

According to Marconi and Lakatos (20 11), descriptive research can be defined as the exposure of a phenomenon as the researcher goes deeper into the research problem.

3 .2 **SAMPLE AND SAMPLING CRITERION**

From a universe of 188 patients who underwent video hysteroscopy at the clinic, 50 samples were selected that had clinical indication for investigation of the uterine cavity.

The sample is a part that was taken from the universe through which the characteristics of the universe are established or approximated, that is, the sample is a portion of the universe chosen according to some representativeness criterion (VERGARA 2011).

According to Fachin (2013), supported by representative samples, the observer can delimit the universe through sampling. The researcher choosing a sample that most faithfully represents the researched universe, can, through coherence, make analyzes of the population.

3 .3 DATA COLLECTION

The data collection of the 50 patients evaluated was according to age, number of reported pregnancies, hormonal medication in use and hysteroscopy indications. Then, the histopathological diagnoses of the material obtained by biopsy guided by hysteroscopy were evaluated, in order of frequency according to the age group

3 .4 DATA PROCESSING

This research first addressed the qualitative analysis of the data, through content analysis, and later the quantitative analysis through the verification of the results of the examinations performed by hysteroscopy .

According to Gil (2012), in the data analysis process, one can initially reduce, categorize and interpret them before composing the study. Also according to this author, data analysis can be done in two ways: qualitative and quantitative.

According to Marconi and Lakatos (2011), in the content analysis the researcher makes a detailed analysis of the acquired content in order to establish a correlation with the established conjectures.

According to Beuren (2008), content analysis is strongly linked to the objectives of the research project, so the researcher needs a critical sense about the subject in order to support the collected data.

The description of the patients was initially observed according to age, number of referred pregnancies, hormonal medication in use and hysteroscopy indications. Then. The histopathological diagnoses of the material obtained by hysteroscopic-oriented biopsy were evaluated, in order of frequency according to the age group.

After categorizing the data, based on the answers to the detailed studies and the examinations performed, it was possible for the researcher to interpret, categorize and quantify the results obtained.

All documentation of hysteroscopic findings was performed through records by written and individual operative reports and through color photos (four exposures per patient).

IV. RESULTS

The results attested that of the 50 patients analyzed, 53 pathologies were obtained, as some patients in the exam had more than one diagnosis, but the women attended were discharged up to 24 hours after the procedure.

The frequent hysteroscopic and anatomopathological findings in some patients attested that the endometrial cavity had a large amount of hematic content inside it, with the removal of clots, and foci of diffuse acute endometritis were observed.

It was found through the videohysteroscopy report of a 67-year-old patient, with the atrophied pelvic canal, whose endometrial cavity is bulky, the polyp with fibrocystic characteristic in the posterior wall occupying 2/3 of the cavity, the atrophic endometrium with a thickness of 2mm , and the left tubal ostium was not seen, the right tubal ostium was visible and showed no abnormalities. As an auxiliary procedure, a biopsy of the material was performed.

In order to evaluate the association of the main endometrial findings found such as: normal endometrium, endometrial polyp, submucosal fibroid, endometrial hyperplasia, carcinoma, atrophic endometrium and dysfunctional pathology and the variables: oral contraceptive, parity, hormone replacement therapy, obesity, hypertension systemic arterial disease and diabetes mellitus, the statistical method of Multiple Correspondence Analysis was used. After performing this analysis, the findings of submucosal myoma and endometrial carcinoma were eliminated because they belong to groups with low numerical representativeness (1 1 and 3 cases, respectively). For the same reason, 14 cases out of the total (50) were limited because they belong to the group of association of findings (others).

V. DISCUSSIONS

Data on age, endometrial cavity, endometrium, right tubal ostium, left tubal ostium and procedure used were recorded. After performing the diagnostic

hysteroscopy method completed in patients, it was possible to verify that all uterine anomalies which may negatively affect the receptivity of the endometrium and implantation. Upon becoming aware of this information, it was necessary to direct and carry out the appropriate treatment.

According to Lopes (2015), this method assesses *the* uterine cavity and definitively diagnoses the treatment of the pathology found, which is affecting female fertility, making it a painless, fast and free of complications procedure. Hysteroscopy is considered an accurate method to assess and treat uterine disease by improving conception rates in shorter periods of time.

It was evident that when performing hysteroscopic treatment of submucosal fibroids in some patients, they increased considerably, pregnancy rates in patients undergoing medically assisted procreation (PMA), where it was recommended to treat these fibroids with complete hysteroscopic resection in order to achieve a pregnancy. The growth caused by smooth muscle tissue and containing a variable component of connective tissue is called uterine fibroids (YELA DA, HIDALGO SR, PEREIRA KCHM, GABIATTI JRE, MONTEIRO IMU, 2011).

It was found that the adhesions showed present in 0.3% to 14% of infertile patients and may be associated with infertility due to obstruction of the orifices tubári the or a mechanical obstruction of the cervical canal. It may also be due to abortions that may have impaired the implantation and development of the placenta.

It is noteworthy that the final outcome of hysteroscopy diag - nóstica performed on patients is the sum of the endoscopic examination with the result of the pathological examination of endometrial biopsy.

Finally, ratings of 50 patients were performed with hysteroscopy followed by biópsi the hysteroscopic endometrial with caliper and compared to the compliance of endometrial biopsy blindly with the hysteroscopy for intrauterine lesions. There was no material considered insufficient, even though the material obtained by directed biopsy.

VI. CONCLUSION

The general objective of this research was to analyze the main pathologies and procedures used for the study of varieties diagnosed by hysteroscopy performed in service between the years 2019 and 2020. As a research question: What are the main indications and procedures used for the study of varieties of pathologies diagnosed by hysteroscopy performed in service between the years 2019 and 2020?

As an answer to the proposed question and to the research objective, it is understood that a study demonstrated the pathologies diagnosed by hysteroscopy, the presence of endometrial polyps was found, followed by endometritis and integrated the most frequent hysteroscopic diagnoses.

The study showed a high anatomo-endoscopic correlation for endometrial polyps, atrophic endometrium, submucosal fibroids and, however, low for endometrial hyperplasias. Therefore, it is not possible to affirm the existence of an association pattern in the studied sample, between the endometrial findings and the researched variables.

It is worth mentioning the existence of several therapeutic options available in the treatment of abnormal uterine bleeding, which must be used in a rational way so that their control can be allowed, and surgical procedures can be reserved for more specific situations, and thus avoid unnecessary surgical procedures .

Finally, it is perceived that hysteroscopy is a technological and scientific advance, both for diagnosis and for surgical treatment, which is essential nowadays.

For future research, it suggests detailed studies so that the expansion of knowledge in this area can happen, where more equipment with smaller and smaller diameters may appear, allowing less invasive and precise procedures, thus improving patient care and satisfaction.

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