

The threat of Ashermans disease: the impact on maternal-fetal outcomes

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Abstract

Objectives: To determine obstetrical complications in the first ongoing pregnancy following surgical management of women with Asherman syndrome (AS) **Design:** A cohort study conducted between January 2010 and December 2020 with a minimal follow-up of 1 year. **Setting:** Study was conducted in the Asherman Expertise Center a referral center for women with AS. **Population:** women with a pregnancy and delivery after hysteroscopic adhesiolysis for AS **Methods:** Obstetrical outcomes were assessed using a follow up questionnaire and obstetrical complications data on the delivery were collected from the patients' hospital records. **Mean Outcome Measures:** Obstetrical outcome in women with AS such as premature delivery, small for gestational age placenta complications postpartum problem. **Results:** We included 425 patients with a first pregnancy of at least 20 weeks after AS treatment. 407 living children were born, and there were 16 perinatal death (including 1 set of twins, 3.3%) and 2 terminations of pregnancy (0.5%). Of these women 21.8 % had a premature delivery, 17% had a baby who was small for gestational age. Of all women, 17.8% had a placenta complication and 50.6 % had a postpartum problem. These numbers were worse among women who had a postpartum procedure as a cause of AS, as 83% of them had postpartum complications, 33% a premature delivery and 27% placenta complications. Overall, 53% of women with a first trimester procedure and 85% of women with a postpartum procedure preceding AS had a severe adverse obstetric outcome. **Conclusions :** After successful adhesiolysis of women with AS, pregnancy should be considered medium to high risk for complications during pregnancy and postpartum, especially among women who had a postpartum procedure in their medical history.

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