IMPROVING THE DIAGNOSTIC ACCURACY OF HYSTEROSCOPY IN ABNORMAL UTERINE BLEEDING

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Abstract: *Abnormal uterine bleeding (AUB) is one of the most common reasons for women of reproductive age to consult an obstetrician-gynecologist. According to the clinical guidelines of the Russian Federation, the diagnosis of AUB is carried out based on the PALM-COEIN classification and includes a clinical examination, ultrasound assessment, and morphological verification of the endometrium. Hysteroscopy is considered the "gold standard" for detecting intrauterine pathology; however, its diagnostic accuracy depends on the standardization of the examination protocol and mandatory morphological verification.*

Keywords: *abnormal uterine bleeding, hysteroscopy, endometrial hyperplasia, endometrial polyp, diagnostic accuracy.*

Objective. To evaluate the potential for improving the diagnostic accuracy of hysteroscopy in patients with AUB by using a standardized examination protocol and performing a targeted biopsy.

Materials and Methods. A prospective study was conducted on 120 female patients of reproductive age with AUB. All patients underwent hysteroscopy during the early proliferative phase of the menstrual cycle. The uterine cavity was examined according to a unified algorithm, assessing: the character of the endometrium, the presence of focal lesions, hyperemia, vascularization, micropolyposis, and cavity deformity. In all cases, a targeted biopsy was performed, followed by a histological examination. The sensitivity, specificity, and diagnostic value of the method were calculated.

Results.

Structural pathology (endometrial polyps, submucous myomatous nodes, hyperplasia) was identified in 68.3% of patients. The concordance between the hysteroscopic findings and the morphological diagnosis was 81.7%. The sensitivity of hysteroscopy in detecting endometrial polyps reached 90.4%, and for hyperplasia, 78.6%. False-positive results were primarily observed in cases of diffuse hyperplasia without atypia and

inflammatory changes. Performing a targeted biopsy reduced the frequency of diagnostic discrepancies by 14.2%.

Conclusion.

An increase in the diagnostic accuracy of hysteroscopy for AUB is achieved through strict standardization of the examination protocol and mandatory morphological verification. The method is highly informative for identifying structural pathology of the endometrium and should be considered a key stage in the diagnosis of AUB in a specialized hospital setting.

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