VIA MEDICA

CLINICAL VIGNETTE

Ginekologia Polska
2024, vol. 95, no. 8, 657–658

ISSN 0017–0011, e-ISSN 2543–6767

DOI: 10.5603/gpl.99232

The usefulness of intrauterine gel with lidocaine in office hysteroscopy in a patient with an increased risk of complications following general anesthesia due to muscular dystrophy

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A 51-year-old woman diagnosed with an endometrial polyp and abnormal uterine bleeding was admitted to the hospital for a scheduled hysteroscopy procedure. The patient had a complex medical history that included: hypothyroidism, hypertension and muscular dystrophy diagnosed around the age of 16. Muscular dystrophy is a genetic disorder that affects the muscles, causing progressive weakness and loss of muscle mass. It is important to note that each patient should have an individual anesthesia plan that considers their unique medical history, type and severity of muscular dystrophy, and the planned surgical procedure. In many cases, regional anesthesia techniques, such as spinal or epidural anesthesia, may be preferred over general anesthesia to minimize the risks associated with muscle weakness and respiratory compromise.

Following specialist consultations by an anesthetist and a neurologist, it was concluded that a safer approach for the patient would be to perform the procedure under local anesthesia.

During the procedure, lidocaine gel (Lidbree®) was applied upon the vaginal part of uterine cervix and into the cervical canal. After 2-minutes, the gel was applied into the uterine cavity, and subsequently, following a 5-minute interval, a hysteroscope was inserted, revealing an endometrial polyp. Visibility during hysteroscopy was not impaired. The polyp was removed, and an endometrial biopsy was subsequently performed.

Throughout the entire procedure, the patient reported a pain intensity of 3/10 on the Numerical Rating Scale (NRS) which decreased to 0/10 immediately after the procedure. Following the procedure, the successful polyp resection was confirmed with a TV USG. No complications or increased bleeding were noted. The patient was discharged from the hospital on the same day.

The choice of anesthesia in office hysteroscopy is a subject of ongoing debate. The use of intrauterine gel Lidbree® seems to be a promising option for out-patient diagnosis and treatment of intrauterine pathologies. Specifically, this approach shows great prospects in managing patients with higher risk of complications when exposed to general anesthesia. The clinical case report we presented confirms the usefulness of the lidocaine gel Lidbree® in reducing pain and discomfort during office hysteroscopy procedures.

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Received: 2.02.2024 Accepted: 18.02.2024 Early publication date: 21.03.2024

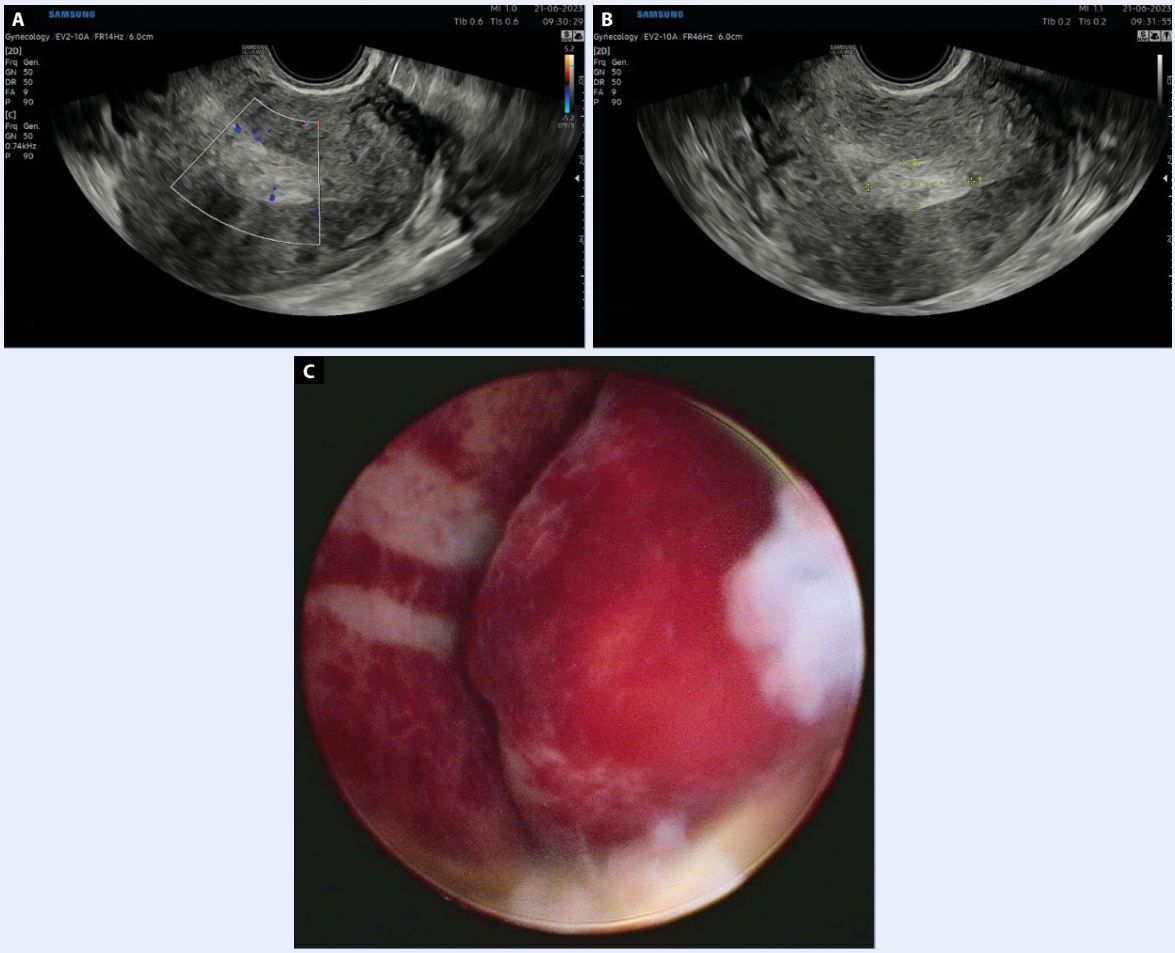

Figure 1. A, B. Intervaginal ultrasonographic examination showed intrauterine polyp; **C.** Visibility during the polyp resection procedure after the application of intrauterine gel with lidocaine (Lidbree®)

Article information and declarations

Ethics statement

The patient`s informed consent was obtained.

Author contributions

Patrycja Rogowska-Malicka — 50%: concept, assumptions, corresponding author, analysis and interpretation of data, article draft.
Slawomir Wozniak — 30%: acquisition of data, revised article critically.
Tomasz Paszkowski — 20%: acquisition of data, revised article critically.

Acknowledgments

None.

Conflict of interest

All authors declare no conflict of interest.

REFERENCES

1. Ari SA, Ceylan Ari S, Akdemir A. Effectiveness of paracervical block in endometrial sampling procedures for pain control: a randomized controlled clinical trial. Ginekol Pol. 2022; 93(11): 889–895, doi: 10.5603/GP.a2022.0043, indexed in Pubmed: 35894487.
2. Cohen N, Nasra LA, Paz M, et al. Pain and anxiety management with virtual reality for office hysteroscopy: systemic review and meta-analysis. Arch Gynecol Obstet. 2024; 309(4): 1127–1134, doi: 10.1007/s00404-023-07261-9, indexed in Pubmed: 37917158.
3. Raz N, Feinmesser L, Moore O, et al. Endometrial polyps: diagnosis and treatment options - a review of literature. Minim Invasive Ther Allied Technol. 2021; 30(5): 278–287, doi: 10.1080/13645706.2021.1948867, indexed in Pubmed: 34355659.
4. Anioł M, Dec G, Wojda K, et al. Usefulness of saline infusion sonohysterography and feeding artery imaging in endometrial polyp diagnosis. Ginekol Pol. 2017; 88(6): 285–288, doi: 10.5603/GP.a2017.0054, indexed in Pubmed: 28727125.