

Letter to: Successful Management of Acute Heavy Menstrual Bleeding with Foley's Catheter of a Patient under Combined Antiplatelet Therapy for Cardiac Disease: A Case Report

Editöre Mektup: Kardiyak Hastalık için Kombine Antiplatelet Tedavi Altındaki Bir Hastanın Foley Kateteri ile Akut Ağır Menstrüel Kanamanın Başarılı Yönetimi: Bir Olgu Sunumu

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ABSTRACT

Both endometrial polyp and submucosal leiomyoma cause heavy menstrual bleeding. However, the investigation varies depending on availability of diagnostic and therapeutic facilities. Moreover, treatment options can be different based on the patient's age, symptoms, complications, wish and other co-morbid medical conditions. Approach of the procedure or operation can be individualised for open laparotomy hysterectomy or myomectomy, laparoscopic hysterectomy or myomectomy, transvaginal hysteroscopic polypectomy or myomectomy, laparoscopic assisted vaginal hysterectomy and vaginal hysterectomy.

Keywords: Endometrial polyp, submucosal leiomyoma, hysterectomy

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ÖZET

Hem endometrial polip hem de submukozal leiomyom ağır adet kanamasına neden olur. Bununla birlikte, araştırma, teşhis ve tedavi olanaklarının mevcudiyetine bağlı olarak değişir. Ayrıca, tedavi seçenekleri hastanın yaşına, semptomlarına, komplikasyonlarına, isteğine ve diğer yandaş tıbbi durumlarına göre farklılık gösterebilir. Prosedür veya operasyon yaklaşımı, açık laparotomi histerektomi veya miyomektomi, laparoskopik histerektomi veya miyomektomi, transvajinal histeroskopik polipektomi veya miyomektomi, laparoskopik yardımcı vajinal histerektomi ve vajinal histerektomi için kişiselleştirilebilir.

Anahtar Sözcükler: Endometrial polip, submukozal leiomyom, histerektomi

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We would like to congratulate the authors for publishing such an informative and interesting article (1). For centuries, the usage of Foley's catheter has been used in the treatment of heavy menstrual bleeding for peri-menarche girls, reproductive-age women with medical diseases or medications. There are a few issues that we would like to clarify with the authors, hoping to get a clearer picture. Firstly, in the first sentence in the article, the patient was described as G4 P4. As far as we understand, Gravida G is meant for women who are currently pregnant. We suppose it would be Parity 4 P4 in your article.

Secondly, in the first hospital, the patient was diagnosed to have endometrial polyp according to the histopathological report of endometrial tissue fragments. In your hospital, submucosal leiomyoma around 34 mm was discovered. We were wondering whether it was the same remnant of the endometrial polyp from the first visit or was she having two endometrial growths. Initial imaging would be beneficial to prove that. We would like to know if any hysteroscopy or saline infusion sonography was done in your medical centre to visualize the growth and any treatment option of hysteroscopic transvaginal polypectomy or myomectomy was offered (2). Looking at the patient's comorbidities and high-risk conditions to undergo major surgery, in my opinion, the hysteroscopic approach will be a safer option for the patient.

Lastly, we would be grateful if you could provide the histopathological result of the hysterectomy specimen as the result would be the end-point result of any enigmatic pathology.

Conflict of interest

No conflict of interest was declared by the authors.

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