

Letter: To decide on the value of hysteroscopic septum resection we need prospective data.

Sir,

We read with interest the paper by Rikken et al. (2020). We would like to commend the authors for their effort to address an important question in the field of benign gynaecological surgery and infertility. Although the authors acknowledge several study limitations, we do not feel that their conclusions are fully supported by the presented data. There are important differences between the women managed expectantly compared to those who underwent septum resection. We note that 36.8% of women managed expectantly had had at least one live birth before, compared to only 16.6% in the treatment group. In addition, 36.0% of women in the septum resection group were subfertile, as opposed to 20.4% in the expectant management group. This selection bias could potentially explain the finding of better reproductive outcomes in the expectant group. The article does not provide the number of pregnancy losses in the two groups and it is possible that there are further differences between the groups.

Nearly a fifth of the diagnoses of septate uterus were based on the findings at hysterosalpingogram. This technique does not allow for the visualisation of the serosal surface of the uterus and has been shown to be unreliable for the diagnosis of septate/partial septate uteri (Practice Committee of the American Society for Reproductive Medicine, 2016). A further 13/257 women were diagnosed at Caesarean section (all in the expectant group). The reliability of all of these diagnoses could also be questioned.

Lastly, the authors made no effort to carry out independent assessments of the completeness of septum resection using an objective method such as 3D ultrasound. Until these methodological issues are addressed, we reserve our judgement regarding the value of hysteroscopic septum resection in clinical practice. We agree with the authors that further research is required in this field, but data should be collected prospectively and should include reproductive outcomes in relation to the objective measurements of the septum collected in a standardised way.

Authors:

Ertan Saridogan*, Dimitrios Mavrelos and Davor Jurkovic.

Department of Gynaecology

University College London Hospital

25 Grafton Way

London NW1 2BU

United Kingdom

*correspondence: ertan.saridogan@nhs.net

References

Practice Committee of the American Society for Reproductive Medicine. Uterine septum: a guideline. *Fertil Steril* 2016;**106**:530–540.

Rikken JFW, Verhorstert KWJ, Emanuel MH, Bongers MY, Spinder T, Kuchenbecker W,
Jansen FW, Steeg JW van der, Janssen CAH, Kapiteijn K, *et al.* Septum resection in women
with a septate uterus: a cohort study. *Hum Reprod* 2020;