

UTERINE CURETTAGE: ITS MULTIPLE CONTRAINDICATIONS AND LIMITED INDICATIONS*

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UTERINE curettage is one of the most frequently performed surgical interventions by the general practitioner. Let us right away say that no operation is more responsible for so many complications and so frequently the cause of a further aggravation of the woman's condition.

It is a matter of regret for the sake of suffering womankind that so few general practitioners are aware of the underlying pathological conditions which are absolute contra-indications to curettage in many cases of pelvic disease.

During more than 20 years of hospital connection with consequent consultations, so many complications arising out of these curettages have been brought to our attention, that it will not be out of place at the present time to discuss the conditions under which curettage must not be done and those in which it will be beneficial.

The general practitioner is a busy man. Overtaken with day and night work, little time is left him for the study of pathology during the years of his active practice. So a careful statement to-day, of the many contra-indications to the employment of uterine curettage may tend to the welfare of our female patients who deserve, in addition to our sympathy, our best of care.

Firstly, will a patient suffering from a chronic yellow or greenish discharge, sacral pains and distressful menstruation accompanied with dyspepsia, constipation and headache—in fact from the symptoms of a chronic metritis, will such a patient be cured or improved by curettage? No; curettage can do no good. (1) Because this chronic metritis is caused in the majority of cases by infectious germs; gonococci most frequently, streptococci, and

staphylococci next, rarely by the Koch bacilli; all of which have with time penetrated further than the uterine mucosa, and deeply into the uterine muscle through the lymphatic spaces. (2) Because such a condition is usually aggravated by a malposition of the corpus uteri which very frequently lies low in retroposition. (3) Because it is usually accompanied by a chronic salpingitis, the result of the infection having extended to the Fallopian tubes. And thus is it not easily understandable that (A) the curetting cannot destroy the deeply seated infection in the uterine muscle; (B) cannot remedy the malposition; (C) cannot attempt to cure the accompanying salpingitis.

Not only can it not do it, but it usually aggravates the condition of the patient, because the traumatism it causes reawakens the slumbering infection and stimulates it.

Secondly, in the dysmenorrhea of the virgin or, more precisely, of the non-infected woman is it of help? It can be of little help, because with these patients the cause or multiple causes of their ailments arise from a simple stenosis of the cervix, with an acute flexion of the organ, and an underlying nervous systemic state. Only if the patient suffers from a so-called "membranous dysmenorrhoea" (*la dysmenorrhée membraneuse* of the French pathologists) may relief or improvement possibly be given by curettage, especially when this is accompanied by the improvement of other underlying conditions.

Thirdly, in the generally painful pelvis, has it any indication? (A) Here again if we have to deal with an existing salpingitis, secondary to a former infection, it is positively contra-indicated. (B) If the painful pelvis is due to a tumour of the uterus or ovary no good will ensue from the curettage. (C) Often the painful pelvis in woman arises from, or is closely associated with a painful abdomen due to

*Read before the Canadian Medical Association at its Annual Meeting in Montreal, June 17th., 1923.

chronic entero-colitis, to which women are particularly prone on account of their usual constipated habit and their nervous temperament; of these a determining cause may frequently be found in a diseased appendix, or in an infected gall bladder as well as in an inflammatory condition of the pelvis.

Fourthly, is curettage of value in haemorrhage? Yes, and no; and here we come to a more practical issue. A.—If the haemorrhage is caused by a tumour, (and in such cases the uterus is both larger and harder to the examining finger) curettage, if not harmful, usually is of no avail since it cannot affect the underlying causes of the haemorrhage, that is the tumour, unless it should happen to be a small polypoid growth, and this is a very exceptional condition. B.—If we have reason to suspect a cancer—from the age of the patient, the recurring haemorrhage after menopause has already set in, the malodorous discharge, the increasing anaemia, and the dull and at times shooting pains—a curettage may be carefully done, but only in order to bring back debris for a microscopical examination. Curettage in this instance should be regarded as a biopsy rather than a surgical intervention. C.—If the haemorrhage is due to the so-called *sclerosis uteri* as met with in an elderly woman about the time of menopause, curettage is again of no avail. D.—Still more if the menorrhagia is a consequence of chronic metritis complicated by malposition and diseased adnexa as we have already mentioned curettage will seldom improve, but will rather aggravate the patient's condition. Under special circumstances it may be undertaken preliminary to a laparotomy which will allow the specialist to correct the malposition and attend to the adnexa. Usually such cases of long standing painful pelvis are better treated by sub-total hysterectomy with conservation of at least one, and if possible of both ovaries for their internal secretions. So many gynaecologists are too prone to forget that the ovaries are as needful to the woman's equilibrium and good health by their internal secretions as the same glands in man. Let all of us, and particularly the gynaecologist, not forget the old saying: *Tota mulier in utero*; the heart and soul of a woman lie in her pelvis. E.—Should the haemorrhage be a sequel to a miscarriage or confinement and should the blood

flow continue for 4, 6 or 8 weeks, or show up intermittently but with frequency and abundance, curettage is indicated to clean the uterus of placental or membranous debris which is remaining *in situ* and has given rise to a fungus type of haemorrhagic endometritis.

Fifthly, in cases of acute post-obstetrical infection, will curettage help the patient? On this particular point opinion has varied. Experience has brought us to the following conclusions: (1) if the patient suffers from abundant haemorrhage which endangers her life, curettage very gently done to remove the debris, or still better a swabbing of the uterine cavity—an *un curettage* et non *un curettage*—preceded by an antiseptic and an abundant intra-uterine lavage is not contra-indicated. (2) After which we pass a rubber tube, fenestrated at the end, into the uterine cavity and leave it protruding slightly at the vulva; through it flushing of the uterine cavity can be done 3 or 4 times a day without disturbing the patient, while at the same time we assure a good drainage. (3) The administration of ergot is desirable to close the uterine muscle and prevent further absorption. (4) Vaccine and serotherapy, proteinotherapy, with which we are presently experimenting, seems to have a beneficial effect in stimulating a protective leucocytosis.

Conclusions.

A.—In chronic metritis usually accompanied by malposition of the uterus and salpingitis, curettage is of no avail and rather harmful.

B.—In the dysmenorrhoea of the non-infected woman it is equally non-effective; other means must be resorted to.

C.—In acute infections following miscarriage or delivery, only in very exceptional cases is curettage to be done, and then in a very delicate manner to remove intra-uterine necrotic debris; as aforesaid other therapeutic means are to be associated.

D.—In the haemorrhagic class of cases, curettage may be advised. In cancer for microscopical research, and precision of diagnosis only; in very advanced cases the specialist may be called upon to curette and destroy vegetations too haemorrhagic and offensive. These are exceptional cases. 2.—In haemorrhage caused by tumours as fibro-myoma, curettage is seldom harmful but seldom useful. In fact curettage seems to have its principal indications

in two classes of cases only; for microscopical examination in doubtful cases of cancer of the corpus uteri, and for remedying profuse and continuous haemorrhage consecutive to delivery or miscarriage. In other instances it is usually useless and generally harmful.

And we close these remarks with the words

of Comyns Berkeley, which we abstract from the *British Medical Journal*, p. 90, 1923.

"Curetting is constantly abused by being performed for most of the conditions which may be attributed without adequate reason to local disease of the uterus. In a large number of cases the operation does no good on account of the peritoneal complications which ensue."