Objectives: To investigate the role of hysteroscopy in the evaluation of either 2 or >= 3 repeated miscarriages.

Setting: Obstetrics & Gynaecology Depts at Misurata Central Hospital, and Iben-Sina Teaching Hospital, Sirt, Libya.

Subjects and methods: Prospective controlled study included all repeated miscarriages, >= 2 occurring during first 20 weeks of gestation between July 2009 and June 2013. Not included: patients with uncontrolled diabetes, hypothyroidism, or molar pregnancy. Data collected: age, obstetric history, results of any investigative procedures performed, including previous hysteroscopy, laparoscopy, laparotomy or karyotyping if any. Hysteroscopic findings were classified as being normal, having anomalies congenital or acquired and their frequency in 2 or >= 3 miscarriages, relation to age, gravidity, and other clinical data. Statistical analysis performed using SPSS package. P-value considered to be significant if (< 0.05).

Results: Women included in the study were (324). 189 (58.3%) were of >= 3 miscarriages, the remaining 135 cases (41.7%) were of 2 miscarriages. Of total, 79 patients (24.38%) had congenital anomalies, (68.35%) found in those of 2 miscarriages, highly significant versus those of >= 3 miscarriages (P< 0.05). 51 women (15.74%) had acquired anomalies, but without any significant difference in 2 or >= 3 miscarriages. 194 (59.88%) had no pathological findings on hysteroscopy. Significant differences between those of 2 & >= 3 miscarriages in regard to gravidity and number of miscarriages,(P <0.01) & (P< 0.03) respectively. Age has no significant effect on either 2 or >= 3 miscarriages.

Conclusion: Hysteroscopy is a simple and efficient tool in the early diagnosis and management of congenital and acquired uterine pathologies that might be causing recurrent pregnancy loss. Patients are advised to have it performed after two miscarriages.