Objective: Hysteroscopy represents a standard diagnostic and therapeutic method in the treatment of endometrial pathology, where patient selection for this procedure depends in majority on preoperative uterine ultrasound scan. Hysteroscopy can be used for removal of polyps or myomas, endometrial tumor resection, synchliolysis, sterilisation or removal of remnants from pregnancy. Hysteroscopic surgery can be also an option for patients who wish to preserve the uterus for the treatment of recurrent bleeding. We evaluated the validity, accuracy of hysteroscopy in correlation with preoperative ultrasound examination.

Method: In this study we included 600 patients indicated for hysteroscopy. The selected cases were evaluated for their history, ultrasound examination and hysteroscopic examination.

Results: we compared the diagnoses: polyp endometrial and there were 362 cases diagnosed by ultrasound and among them 278 or 76.8 % diagnosed by hysteroscopy. We registered 83 cases diagnosed as abnormal uterine cavity (septum, subseptum, bicornuate) by ultrasound and 78 or approximately 94 % diagnosed with hysteroscopy for the same pathology. Endometrial thickness by ultrasound was diagnosed in 55 cases and by hysteroscopy we had 8 cases with endometrial carcinoma, 40 patients with endometrial hyperplasia and 7 patients with normal pathology after hysteroscopy.

Conclusion: Ultrasound diagnoses is comparable with hysteroscopic findings but ultrasound should be used as additional tool in patients' diagnoses and hysteroscopy as the most appropriate examination for uterine cavity.