OBJECTIVE: To analyze retrospectively the frequency and characteristics of endometrial abnormalities in infertile women studied in public and private practice in Montevideo, Uruguay.

STUDY DESIGN: From 2010 to 2013, office hysteroscopy and endometrial biopsies were performed on patients with clinical signs or sonographic findings suggesting uterine pathology to investigate the cause of infertility. The main outcome measures were frequency, and type of endometrial abnormality.

RESULTS: The database is composed by 892 infertile patients. 207 made office hysteroscopy with the following indications: abnormal bleeding, abnormal ultrasound signs or when transfer test was not possible. 127 patients had normal hysteroscopy. 80 patients (0.38%) were diagnosed with an endometrial abnormality. Of them, 24 were diagnosed with endometrial polyps (30%); 17 (21.25%) with submucous fibromes; 19 (23.75%) had partial or total adhesions (Ashermann Syndrome); 9 patients (11%) were diagnosed with simple hyperplasia, 4 (5%) with polyps and hyperplasia, 1 with complex hyperplasia with atypia. We also found uterine malformations, adenomyosis, inflammatory endometrium, persistent proliferative endometrium and hypoplasia less frequently.

CONCLUSION: In the populations studied, 9% of the patients had endometrial abnormalities. Office hysteroscopy has low complication rates, minimal time requirement, and can be performed in infertile patients when abnormality is suspected or detected during screening routine, allowing biopsy, contributing to diagnose the cause of infertility, undergo concomitant and specific treatment before starting ART.