

From the time of my residency training, in the mid-90s, my interest in endoscopic surgery began, however, the opportunity for laparoscopic training was minimal and for Hysteroscopy was nil. Hysteroscopy was a procedure performed only for infertility patients going to high end infertility centers and was not included in the curriculum of residents in training. In Colombia, doctors Jaime Ferro and Arturo Aparicio were the pioneers in the 90s and began to perform and teach these procedures.

A little before the year 2000 I started performing hysteroscopic procedures in the operating room, self-taught, even a few years later, during my official training in endoscopic surgery, very few teachers had a real training in hysteroscopic surgery. With the development of the "Office Hysteroscopy" (Performed in the office and not in the operating room) by Dr Bettocchi, the interest in hysteroscopy began in Colombia, with Professor Alfonso Arias being the leader instructor in Latin America and to whom I am grateful that he motivated me to enter this world. Later, we had the opportunity to host world well recognized leaders in our local academic events, including Dr Bettocchi, Dr Isaacson and Dr Munro among others. All of them have greatly contributed to my training and recently Dr Sergio Haimovich who very generously hosted me in his office and introduced me to the world of laser for Hysteroscopy.

Fortunately, today, things are very different; there is a generalized interest in hysteroscopy as a specialty, with unquestionable uses as a diagnostic and therapeutic tool, relatively easy to learn, with frequent updates and web based events, which allows to see a large number of surgical interventions, images, conferences, etc., easy access to equipment, and the generosity of those who teach this art and the incorporation of specific dedicated hysteroscopic rotations in training programs. This year, we will start a fellowship in gynecological laparoscopy in Colombia, the first program endorsed by the AAGL outside the United States and Canada, where I have the honor to be the professor of Hysteroscopy.

In my opinion, what differentiates hysteroscopists from other surgeons is the possibility to complete most of the procedures in the office, without anesthesia, without sedation, as Dr. Bettocchi described it; The most important challenge and the resounding success of Hysteroscopy will be when we routinely have all gynecologists perform diagnostic Hysteroscopy in the office and have Hysteroscopy centers of high complexity, with greater resources that handle cases with great complexity.



Carlos Buitrago

Presidente Federación Colombiana de Obstetricia y Ginecología Clínica Soma. Medellín-Colombia

INSIDE THIS ISSUE



Welcome	1
Hysteroscopy Pictures Retained Products of Conception	2 n
Interview of the month Ted Anderson	3
Global Congress BCN	5
Back to basics Hysteroscopic fluid management	6
Talking About Cervical septum's dilemma	9
Original Article Hysteroscopy and intrauterine omentum incarceration	12
Case Report A rare case of vaginal	16

epidermal cyst