

Combining the uterine depletion procedure and myomectomy may be useful for treating symptomatic fibroids

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摘要

Abstract

Objective: To evaluate the therapeutic results of premyomectomy uterine depletion for the treatment of symptomatic fibroids, compared with myomectomy only. Design: Controlled, clinical study without randomization. Setting: University-affiliated tertiary referral center. Patient(s): Four hundred eighty-six women with symptomatic fibroids warranting surgical treatment and who wished to retain their uteri. Intervention(s): Ligation of the uterine arteries was performed by either an abdominal or a laparoscopic approach before myomectomy. Main Outcome Measure(s): Operation time, intraoperative blood loss, postoperative improvement of symptoms, and recurrence rates of fibroids. Result(s): Of 342 women with pathology-confirmed fibroids who were included in the study, 108 received myomectomy only (group I), and 234 underwent the uterine depletion procedure followed by myomectomy (group II). Average blood loss was 250 ± 132.5 mL for group I and 50 ± 26.9 mL for group II. For patients with menorrhagia, 79 (84%) of 94 women in group I experienced complete resolution; all of the 194 women (100%) in group II had resolution within 2 months of surgery. The recurrence rate of ultrasound-confirmed fibroids was 19.4% (21 of 108) in group I and 0% in group II. Of the sexually active patients who were not using contraception, 50% (49 of 98) in group I and 37.5% (15 of 40) in group II had a live birth. Conclusion(s): This study demonstrates the value of uterine depletion before myomectomy for the management of patients with symptomatic fibroids. The procedure reduced blood loss during the operation, resulted in complete resolution of fibroid-related menorrhagia, and has the potential to prevent fibroid recurrence. Fertility capacity was apparently not compromised by this new treatment approach.