

Laparoscopic uterine vessel occlusion in the treatment of women with symptomatic uterine myomas with and without adding laparoscopic myomectomy:4-year results

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摘要

Abstract

STUDY OBJECTIVE: To estimate the necessity of laparoscopic myomectomy (LM) in the treatment of women with symptomatic uterine myomas who are undergoing laparoscopic uterine vessel occlusion (LUVO). DESIGN: A comparative observational study (Canadian Task Force classification II-3). SETTING: Medical center. PATIENTS: In all, 163 patients with symptomatic, uncomplicated myomas warranting myomectomy. A total of 95 patients underwent LUVO and 68 underwent LUVO with LM. INTERVENTIONS: Symptomatic myomas treated by LUVO with or without LM. MEASUREMENTS AND MAIN RESULTS: The outcome was measured by comparing surgical parameters, immediate postoperative parameters, 4-year evaluations of symptom control, and reintervention (hysterectomy or myomectomy) in both groups. The general characteristics of the patients were similar in both groups. No statistical differences existed in complications, success rate, or immediate satisfaction rate between the 2 groups. Compared with LUVO+LM, LUVO had advantages in surgical and immediate postoperative parameters, including less operative time, minimal blood loss, and rapid postoperative recovery; however, LUVO+LM was superior to LUVO in terms of a better and longer duration of symptom relief, a higher level of satisfaction, and avoidance of reintervention. Of the sexually active patients who did not use contraception, 58.8% (10/17) and 66.7% (4/6) became pregnant in groups I and II, respectively (no statistical significance). CONCLUSION: Although LUVO is a less invasive procedure in the treatment of most women with symptomatic myomas, it is also less effective for symptom control and has shorter durable symptom relief compared with LUVO+LM. Reoperation can be avoided in most patients who are treated with LUVO+LM.

