

# **Symptomatic myoma treated with laparoscopic uterine vessel occlusion and subsequent immediate myomectomy: which is the optimal surgical approach?**

劉偉民

**Wang PH;Liu WM;Fuh JL;Chao HT;Yuan CC;Chao KC**

摘要

## **Abstract**

Objective: To determine the optimal surgical approach when patients are treated with laparoscopic uterine vessel occlusion (LUVO) combined with myomectomy in the management of women with symptomatic uterine fibroids.

Design: An observational study.

Setting: Medical centers.

Patient(s): One hundred thirty-one patients with symptomatic myomas underwent LUVO plus laparoscopic myomectomy (LM; LUVOpLM) (n = 49) or LUVO plus ultra-mini laparotomy UMLT-M (LUVOpUMLT-M) (n = 82).

Intervention(s): Myomectomy through laparoscopy or UMLT access.

Main Outcome Measure(s): The outcome was measured by comparing surgical techniques, and 3-year follow-up, including symptom control and reintervention (hysterectomy or myomectomy), in both groups.

Result(s): General characteristics of the patients were similar in both groups, except the number of myomas.

Surgical techniques seemed to be easier in the LUVOpUMLT-M group than in LUVOpLM group, because of

less operation time (56.1 ± 16.9 minutes vs. 73.4 ± 26.9 minutes; P = 0.009) and a higher success rate (100% vs.

91.8%; P = 0.018). There were no differences in the 3-year follow-up of the therapeutic outcomes of the

LUVOpUMLT-M and LUVOpLM groups, with low reintervention rates (1.2% vs. 0) and good symptom control rates in both groups.

Conclusion(s): The LUVOpLM, either through laparoscopy or UMLT, was acceptable in the management of symptomatic uterine fibroids. However, the LUVOpUMLT-M technique might be more feasible, as it required less operative time and had a higher success rate. (Fertil Steril 2009;92:762 – 9. 2009 by American Society for Reproductive Medicine.)