Surgical and Imaging approach in diagnosis in therapy of uterine myomas

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Context and Objective Methods
Uterine myomas are very common in women of reproductive age and their diagnosis does not always require surgery. However, after cessation of hormonal therapy, the myoma can again increase its size, up to the initial diameter, within three months. Myomas may be responsible for metrorrhagia, pelvic pain, anaemia, infertility and abortion.

Patients and Interventions
In 2275 cases of intramural and partly subserous myomas laparoscopic intracapsular myomectomy was performed and in 425 cases submucous fibroids were enucleated by hysteroscopic surgery.

In 35 patients focal excisions of adenomyosis were performed.

Main Outcome Measures and Results
In our analysis of 2700 intramural and partly subserous laparoscopic myomectomies we found an improved fertilization and pregnancy rate after the surgical procedure and therefore definitely advise myomectomy in infertility. In consecutive pregnancies no uterine rupture occurred, however, in 37 deliveries a placental problem had to be solved. Hysterectomy was never necessary. With a pregnancy rate of 55 % as well as a statistically significant pain reduction focal excision of adenomyotic lesions becomes a choice.

Conclusions
When surgery is indicated in cases of myoma and focal adenomyosis, laparoscopic surgery is the primary choice. Depending on the alternatives available to the surgical team, the endoscopic treatment may be conventional, laparoscopic, robotic or resectoscopic, using single or multiple ports with NOS or NOTES, or hysteroscopic, according to the location.

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