INFLUENCE OF UTERINE ARTERIAL EMBOLIZATION ON ENDOMETRIAL HYPERPLASIA PROGRESS

Gromova Antonina Makarovna (UA) [1], Litvinenko Oleksandr Vasilyevich (UA) [2], Gromova Olexandra Leonidovna (UA) [3]

The target of our study was to evaluate the endometrial hyperplasia progress after uterine arterial embolization (UAE). This precision was made on women, who have uterine myoma and non-atypical endometrial hyperplasia.

Design: observation prospective study

Inclusion criterions: women, who have symptomatic uterine myoma and endometrial hyperplasia evidenced by pathology exam of endometrial samples.

Objects: 45 women were included, 34 had simple endometrial hyperplasia and 11 had complex one. All of them had symptomatic myoma and were treated by UAE in Gynecological Department Poltava Regional Clinical Hospital (Poltava, Ukraine). The patient's mean age of 42,9±5,8. All patients had indications for surgical treatment and opposed to the radical operation. The mean uterine volume was 298±169 cubic centimeters. All patients underwent bilateral uterine arterial embolization with polyvinyl alcohol embospheres of 700-1200 micrometer size. Patients were analyzed 3, 6, 9 and 12 months after UAE. All patients underwent Pipelle endometrial byopsy and pathological exam endometrial sampling in 6 month after UAE.

Results: uterine arterial embolization proved very effective in all patients by substantially reducing bleeding, pain and bulk symptoms of pressure in 3 month after treatment. Mean uterine volume reduction was 36.6 % in 3 month, 45.5% in 6 months, 43.8% in 9 months and 61.6% in 12 months. Six patients suffered from recurrent uterine bleeding in 6 month after UAE. Results of pathological exam endometrial samplings were absence signs of hyperplasia in 39 cases and persistence hyperplasia in 6 cases (all patients with recurrent uterine bleeding). Three patients of that six responded well to hormonal treatment with gestagens and 3 women required hysterectomy. All three cases were diagnosed with complex endometrial hyperplasia. Endometrial hyperplasia was reduced in 86% cases at all, but only nearly in half cases of complex hyperplasia.

Conclusions. Uterine arterial embolisation is very effective for the treatment of troublesome myomas symptom and simple endometrial hyperplasia. Efficacy UAE for treatment of complex endometrial hyperplasia not enough. Persistence uterine bleeding in 6 month after UAE is warring symptom and need to pathological exam endometrial sample.