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TITLE

MYOMA IN THE REPRODUCTIVE AGE. RECONSTRUCTIVE SURGERY, EMBOLIZATION, FUS ABLATION, ALTERNATIVE METHODS.

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ABSTRACT

Uterine myoma is ranged from 10 to 30% of all gynecologic diseases. The incidence in women of reproductive age is 20-40%. Myoma of uterus is a worldwide public health problem. The estimated treatment cost to a woman in the US range from $ 5.9 billion to $ 34.4 billion annually and includes: costs of medical and surgical treatment, amount of work time lost, complications attributable to the leiomyoma. Nearly 50% of women with myoma have significant and often disabling symptoms. Symptomatic myoma can be linked to: bleeding complains, reproductive dysfunction, mass effects related to the size and location of fibroids.

In Russian Scientific Center for Obstetrics, Gynecology and Perinatology since 1991 more then 7000 myomectomies were performed. In our department 96% of cases are performed with the use of endoscopic technologies which improves pregnancy rate up to 20%.

There are several theories about the impact of myoma on reproductive function. Pregnancy rate in IVF programs at submucosal myoma is 9%, of other localizations is 30-34%, and in the absence of myoma 40%. In the cases of submucosal or interstitial myoma with deformation of uterine cavity – myomectomy is obligatory. In these cases myomectomy improves IVF results on 16%. Uterine leiomyoma without cavity deformation – there is no standard approach to myomectomy before IVF program (except myomas with necrosis). Different authors revealed that myomectomy does not improve IVF results.

Ulipristal acetate is effective in control of bleeding and anemia treatment before surgery.

Unrealized reproductive function is a relative contraindication to uterine artery embolization (UAE). All pregnancies after UAE require careful monitoring of obstetrical complications.

INSTITUTE

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