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TITLE

UA=UAE? ULIPRISTAL ACETATE. MULTIFACTORIAL MECHANISMS OF ACTION.

AUTHOR/S

Tikhomirov A (RU) [1]

ABSTRACT

Context. ?he following regressive methods of uterine fibroids (LM) treatment have been recognized as efficient; embolization of uterine arteries (UAE), Esmya (Ulipristal Acetate, UA). Reduction of LM nodes is: 12-42% (UA), 33-75% (UAE); decreased blood loss: 90-98% (UA), 82,7-96% (UAE).

Objective. Comparative assessment of pathogenetic mechanism of UA and UAE curative effect in patients with LM.

Methods. Coaxial technique for embolization of LM nodes. Pathomorphological and immunohistochemical assessment of LM following 3-month course of UA treatment (5 mg/day #84).

Patients. 90 patients with LM 30-46 years:30 – UAE, 30 – UA before myomectomy; 30 – without preliminary preparation for myomectomy.

Interventions. 60 myomectomies, 34 UAE.

Main Outcome. UA reduces the vascularization of fibroid nodes, as evidenced by the Doppler study. Myoma nodes after UA therapy combined with myomectomy look the same as after UAE. UA reduces the expression of genes encoding growth and angiogenic factors.

Measures.Expression of growth factors EGF, FGF-2, TGF-?1 and VEGF in leiomyomas after UA preoperative therapy are presented in points, the difference between those indicators in the main and control groups is statistically significant (p <0.05). Angiogenesis in leiomyomas after UA: the reduction of the vascular bed with uneven contraction of blood vessels. The structure of myometrium surrounding leiomyoma node is not changed, no perivascular areas of growth.

Results. These data can not only explain the regression of fibroid volume but also justify the absence of node growth during pregnancy after treatment with UA.

Conclusions. The application of UAE after a UA therapy does not complicate the selective distal cannulation of the uterine arteries, as well as the embolization of uterine fibroid nodes located in the bottom of the uterus via the ovarian arteries.

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