

# MULTIPLE HISTEROSCOPIC MIOMECTOMY IN ADENOMIOTIC UTERUS AFTER ULIPRISTAL ACETATE TREATMENT

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A 37 year-old nulliparous woman was referred to our center due to hypermenorrhea and uterine leiomyomatosis. She had had two previous laparotomic multiple myomectomies in other centers. She was complaining from heavy menses as well as pelvic pain. At ultrasound examination, she had multiple intramural myomas of less than two centimeters as well as four submucous myomas. The rest of the myometrium appeared as adenomyotic (myometrial heterogeneity, ecogenic linear striation, infiltration of Junctional Zone).

After trying treatment with progesterone with no symptomatic control, ulipristal acetate was prescribed. The patient took the treatment continuously for ten months (at her choice without medical agreement). The ultrasound examination at this point showed up a thickened heterogeneous endometrium (24 mm). A hysteroscopic exam was then decided, and revealed a thickened with increased vessels endometrium, compatible with PAEC (Progesterone Associated Endometrial Changes). The patient stopped the treatment and, in order to control the symptoms, GnRH analogues were prescribed.

Since the patient wanted to preserve uterus, a hysteroscopic resection of the submucous myomas was decided. During the surgery, four myomas were resected and adenomyosis was confirmed.

The patient was discharged the same day from the hospital and until now she is under ulipristal acetate for three months with correct symptomatic control. After this treatment, she will go for IVF.

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