How we treat uterus myoma in Russia.

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Materials and method: We examined and operated 830 women of reproductive age with uterine myoma from 2011 to 2015. Multiple uterine fibroids were identified in 476 (57,3%) women, the number of nodes varied from 2 to 25. The single myoma was diagnosed in 354 (42,6%) patients. The size of the dominant node with multiple uterine fibroids was from 8 to 30 cm in diameter. The single nodes were from 5 to 18 cm in diameter. Indications for surgical treatment were the following: rapid growth of the tumor; atypical location of the nodes; large and giant size of fibroids; uterine bleeding caused by fibroids; myoma necrosis; infertility. All patients were underwent myomectomy by laparotomy. Features of surgical technology are intracapsular enucleation of fibroids; adequate co-opting the edges of the wound in the uterus by 1 ? 2 layer stitches leaving no "dead space", the prevention of adhesions. We didn?t have any intraoperative complications. Out of 830 patients desired pregnancy 501(60,4%) patients got pregnant. At 61,6% the pregnancy ended in childbirth. The pregnancy progresses now in 28,8%. Miscarriage occurred in 9.6% of patients. None uterine rupture in pregnancy after myomectomy was reported.
Conclusions: myomectomy is the real factor in improving reproductive health in uterine fibroids and infertility. Hormone therapy instead of myomectomy when planning pregnancy is ineffective. All the nodes from 4-5 cm and larger should be removed to reduce the probability of new nodes. Large size and multiple nodes are not a contraindication to myomectomy.

Mots clefs : myomectomy pregnancy, fibroid
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