

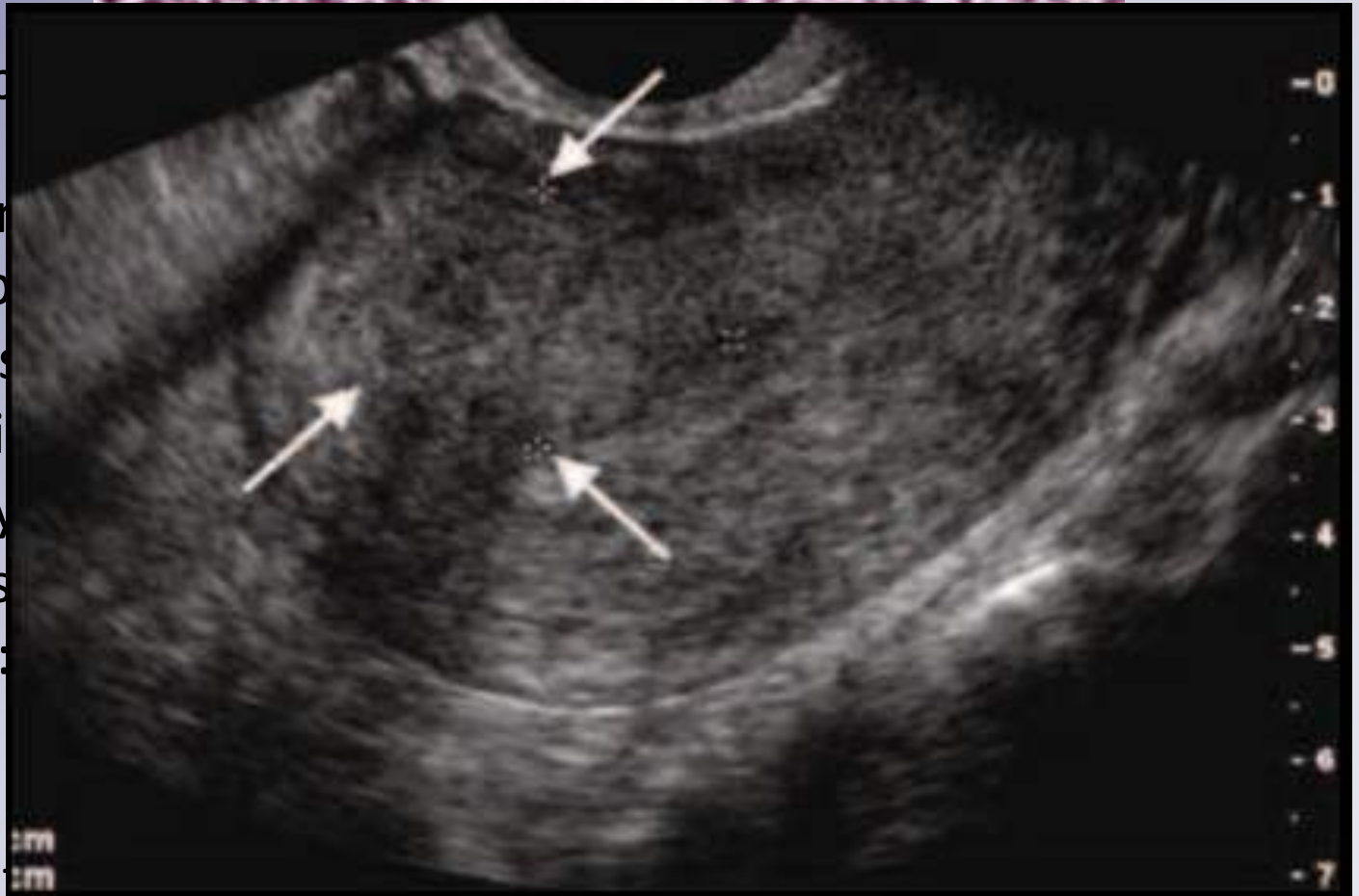
Presurgical diagnosis and surgical outcomes in patients undergoing laparoscopic myomectomy with and without associated adenomyosis



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Introduction

- Heterotopically implanted in the myometrium
- Unknown incidence
- Unknown pathogenesis
- Symptoms
 - 60% heavy menstrual bleeding
 - 25% dysmenorrhea
 - 30% asymptomatic
- Diagnosis
 - TV US
 - MRI
- Treatment
 - progestins
 - Uterine artery embolization



Objectives

- Differences in surgical outcomes in patients undergoing myomectomies with and without associated adenomyosis.
- Differences in presurgical diagnosis and clinical presentation.
- Our experience with the contained morcellation bag technique.

Material and methods


- **Design:** Retrospective observational study.
- **Setting:** Department of Gynaecology, Vall d'Hebron's University Hospital.
- **Patients:** 85 women who underwent laparoscopic myomectomy from January 2013 to February 2016.
- Data were collected from medical files.
- Statistical analysis with SPSS 21.0.

Variables	Myomas	Adenomyosis
Age (years)	36 (25-53)	35.6 (33-37)
BMI (kg/cm2)	24.8 (17.5-39.4)	26.7 (19.4-31.5)
Parity Nulliparous, n (%)	55 (67.9)	2 (50)
Primiparous, n (%)	16 (19.8)	2(50)
Multiparous, n (%)	9 (10.1)	0
Prior abdominal surgery, n (%)	20 (24.7)	2 (50)
Laparotomy, n (%)	11(13.6)	1(25)
Laparoscopy, n (%)	8 (9.9)	1(25)
Uterine surgery, n(%)	9(11.1)	1(25)
Main symptoms n (%)		
bleeding	48 (59.3%)	2 (50)
abdominal pain	32(39.5%)	0
dysmenorrhea	15 (18.5%)	0
Uterine biometrics US (mm)		
Longitudinal	99.6 (58-180)	93.7 (82-102)
Transverse	82.7 (41-187)	72.5 (54-91)
Anteroposterior	72.3 (29-105)	67 (45-80)
Size of bigger myoma (mm)	70 (17-136)	53.5 (34-75)

Surgical outcomes

	Myomas	Myomas + adenomyosis	p
Median PO hospital stay	2.2(1-6)	2.75 (1-4)	NS
Surgical time (min)	159 (40-330)	172 (120-225)	NS
Median blood loss (ml)	376 (10-1600)	925 (250-1250)	NS
PO blood transfusion	8(6.87%)	1(25%)	NS
Conversion to hysterectomy	4(4.9%)	0	NS
Conversion to laparotomy, n	6 (7.4%)	2 (50%)	NS

Implementation of the contained




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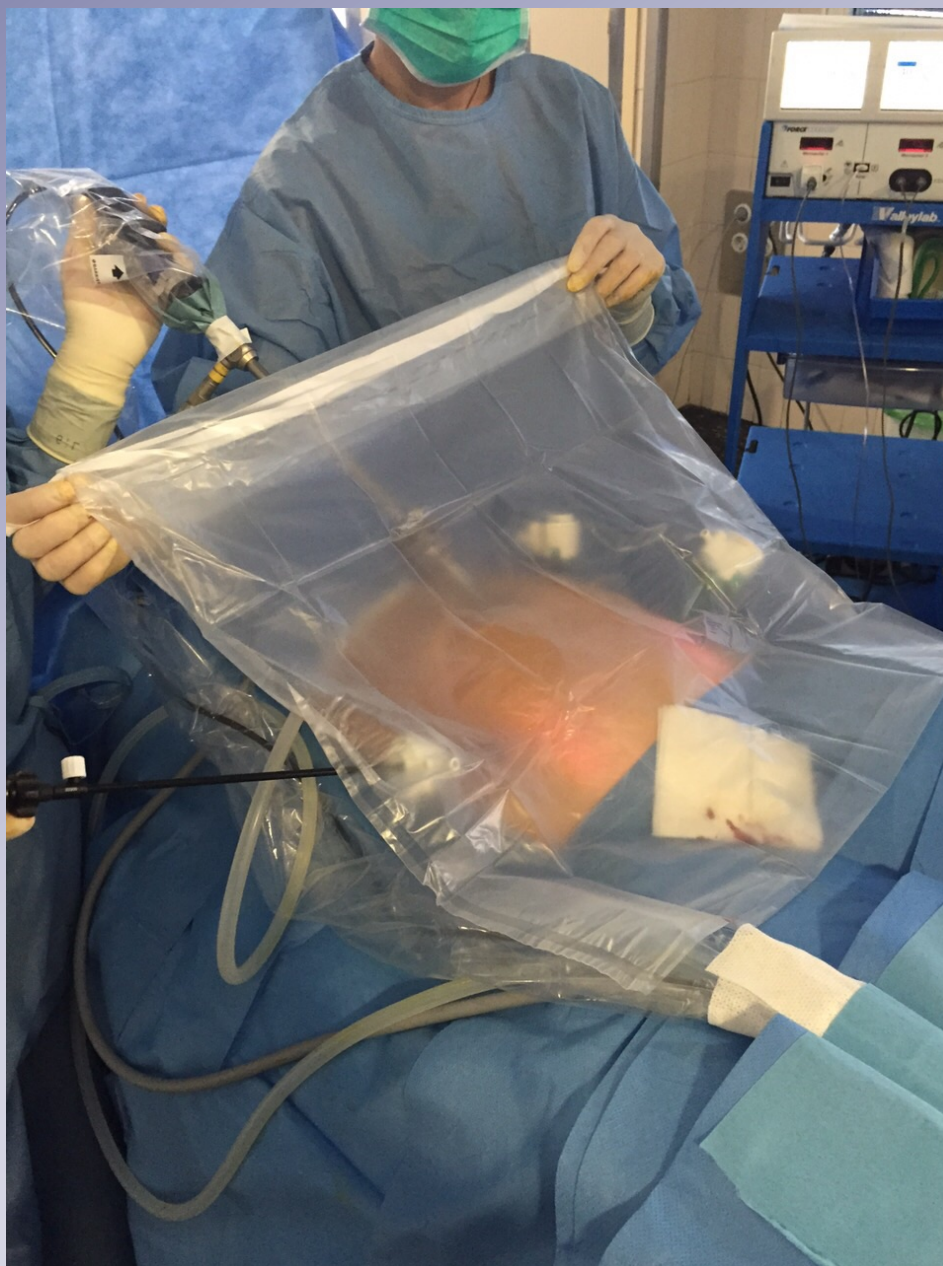
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Laparoscopic Uterine Power Morcellation in Hysterectomy and Myomectomy: FDA Safety Communication

FDA issued an **updated safety communication** on November 24, 2014

Date Issued: April 17, 2014





Discussion

- Adenomyosis was present in 4 cases, just one with preoperative suspicion.
- Although presurgical diagnosis of adenomyosis in myomatous uterus could be difficult, we need to improve sonographic evaluation to plan surgery, inform patients about risks and understand complications.
- Adenomyosis is still a neglected diagnosis
- Myomectomy with associated adenomyosis could have a poor surgical outcome.
- In our experience, the contained power morcellation is a safe and feasible technique. After a short learning curve, doesn't prolong surgical time.

THANK YOU FOR
YOUR
ATTENTION

