

# Successful combined treatment of recurrent uterine fibroids

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## 1. Introduction

It is known that uterine leiomyoma (LM) may relapse following myomectomy performed by different access techniques in 5-67% of patients, and the incidence of repeat surgery is 3.2–30%.

## 2. Material and methods

Clinical observation: female patient, 36 years of age; pregnancies: 0; menstruation since 12 years of age, 6/25-27, moderate, painless; sex life since 16 years of age; contraception: condoms; gynecological disorders: denies; family history: negative; LM since 2010, gradually growing; diagnosis: LM 18 weeks, infertility 1; laparotomic myomectomy (6 fibroids removed). The follow-up examination six months later identified the relapse of LM (sizes: 55x47x68; 49x47 with deformed uterine cavity, complaints of heavy periods, fatigue, Hb 76 g/L). Diagnosis: Recurrent LM following myomectomy, menorrhagia, iron deficiency anemia 2. Hysterectomy was proposed. The patient strongly refused the radical treatment owing to reproductive plans. Decision: Repeat myomectomy following a course of pre-operative treatment. Prescription: Ulipristal acetate (Esmya) 1 tablet once daily + Sorbifer Durules 1 tablet twice daily for 84 days. 3 months later, it was reported that UA caused amenorrhea within 7 days after drug prescription, and the use of UA & Sorbifer Durules allowed the restoration of hemoglobin level (up to 110 g/L) within 3 months and the decrease in the risks associated with planned surgical intervention as well. LM reduced in size by 30%. 2 weeks following this treatment, the laparotomic myomymyometrectomy was performed; blood loss was lower than 150 mL owing to the use of our method of atraumatic controlled vasocompression.

## 3. Results

Opening of pseudocapsule of leiomyoma was uneventful. The post-operative period was uneventful. 3 days later, the patient was discharged in generally satisfactory condition. Histological examination result: Simple LM with apoptotic figures, moderately developed extracellular matrix, microvascular network not pronounced, normal myometrium layer and serosal covering. Leiomyoma is presented with differently organized areas without signs of atypical mitosis or leiomyocyte atypia and necrotic foci. Pseudocapsule is pronounced.

UA (Esmya) 5 mg/day was started from the first day of the patient's new menstruation once per 28 days N3. US examination in 3 months: uterus 4.9x4.9x5.6; M-echo 3 mm, endometrium is linear, uterine cavity outlines are smooth and sharp. There are 5 follicles (ovaries) in the section. The combined oral contraceptive Siluet was prescribed for 6 months following restoration of menstruation. After 6 months, combined oral contraceptives were stopped. Reproduction plans. In 3 months: 10 day-delay of menstruation, positive pregnancy test. US examination in 3 weeks: Normally progressing pregnancy 6 GW. Following a US examination at 11 GW, 17 GW, 34 GW: Normally progressing pregnancy. At 38-39 GW: Successful delivery through C-section with live male fetus (3,050 g).

## Conclusions

To create conditions for organ-preserving treatment and reduction of surgical intervention risks, a differential approach combining medical and surgical treatment for recurrent LM is required. The most reasonable therapeutic component in this respect may be application of selective PR modulator, UA (Esmya) & Fe<sup>++</sup> (Sorbifer Durules), as an important part of combined treatment of patients with uterine fibroids.

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Keywords : Recurrent uterine leiomyoma, iron deficiency anemia 2, Ulipristal acetate, Sorbifer Durules, repeat myomectomy, pregnancy, successful delivery

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