

Adherence risk of vaginal myomectomy: a comparative study with laparotomy: a series of 30 cases

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Materials and methods

This is a prospective comparative observational and continuous study. We conducted laparoscopy of post-myomectomy adhesion assessments in two patient groups: the first group consisted of 26 patients who underwent laparotomy myomectomy, and the second group consisted of 30 patients who underwent myomectomy Vaginal . The time between myomectomy and laparoscopy was 6 months. We evaluated the frequency and type of adhesions present (velvety-fibrous), the organs concerned (bladder-uterus-annexes), and the characteristics of the operated myomas .

Results

The adhesion frequencies between the laparotomy and vaginal group were respectively 96% and 56.5% ($P = 0.01$). The adhesions present were fibrous in 52.2% and 7%, respectively ($P < 10^{-6}$) And of the velamentous type in 47.8% and 93% ($P < 10^{-3}$) respectively. The organs concerned by the adhesions are: the site of the scar in 19.2% and 93% ($P < 10^{-6}$) , The pelvis was frozen at 18.2% and 7% ($P = 0.01$) respectively, and the annexes were concerned in 65.2% and 00%.

In the vaginal group, the study of the characteristics of adhesion-producing myomas found a frequency of posterior localization of 60% and 33%, respectively, with $P = 0.01$

Conclusion:

Myomectomy is adhesive surgery, vaginal approach reduces this risk compared to laparotomy. When these are present these adhesions are velvety and do not touch the tubes. The vaginal route is an opportunity to reduce the adherence risk.

Keywords : vaginal myomectomy - adhesions- annexes

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