



Results of hysteroscopic myomectomy for the treatment of abnormal uterine bleeding: a retrospective study

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Introduction

Submucosal fibroids can result in heavy menstrual bleeding and can be treated by hysteroscopic myomectomy. However, in most studies that report on outcomes of hysteroscopic myomectomy, monopolar resection is used and sample sizes are small.

Objective

- To establish the surgical re-intervention rate and patient satisfaction after hysteroscopic myomectomy using bipolar resection
- To identify predictive factors for surgical re-intervention

Table 1. Follow up

Surgical re-intervention	N	%
TCRM	7	6.7
Endometrial ablation	5	4.8
TCRM + endometrial ablation	3	2.9
TCRM + hysterectomy	2	1.9
Hysterectomy	15	14.4

Methods

A single-centre retrospective cohort study of 104 women undergoing hysteroscopic myomectomy with a bipolar resectoscope for the treatment of abnormal uterine bleeding between January 2010 and December 2012.

Primary outcome of this study: need for surgical re-intervention because of recurrence of abnormal uterine bleeding.

Univariate and multivariate Cox regression analyses were performed to identify predictive factors for surgical re-intervention.

Results: predictive factors for surgical re-intervention

- In univariate analysis, presence of intramural fibroids, fibroid size > 30 mm and incomplete resection were significantly associated with the risk of surgical re-intervention.
- In multivariate analysis, presence of intramural fibroids remained significantly correlated with the risk of surgical re-intervention (table 2).

Table 2. Multivariate analysis of risk for surgical re-intervention

Factor (n=90)	Hazard ratio ^a	95% CI	P-value
Presence of intramural fibroids yes/no	2.44	[1.10-5.43]	0.029
Fibroid size ≤ 30 mm / > 30 mm	2.04	[0.89-4.71]	0.094
Completeness of resection yes / no	1.83	[0.74-4.53]	0.189

^ahazard ratio adjusted for age

Results: surgical re-intervention

- Mean follow-up: 30.7 months (range 1-56)
- Surgical re-intervention was performed in 32 women (30.8%) (table 1).
- Patient satisfaction rate was 68.1%
- 75.6% of the women stated that abnormal uterine bleeding was reduced after surgery
- Complication rate was 5.1%

Conclusion

This study shows that hysteroscopic myomectomy is an effective procedure to treat abnormal uterine bleeding. Women with co-existent intramural fibroids should be counselled that they might have a higher risk of surgical re-intervention.