

# Is there a limit on the number of hysteroscopies to preserve the fertility? Report of clinical case



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## INTRODUCTION

Uterine leiomyomas are common benign tumours presented in up to 80% of reproduction age women. Submucosal fibroids have direct relation with abnormal uterine bleeding and can lead to a subsequent anaemia and also can have an important impact in the capacity of getting pregnant.

The medical advances have permitted several surgical techniques to perform hysteroscopic myomectomy. The most common are resectoscope and hysteroscopic mechanical morcellator. Even the intrauterine location, the size of the myoma with respect to the uterine cavity and the needed operative time are still the main limitations of the procedure.

## CASE REPORT

We present the case of a nulliparous 30 years-old woman diagnosed of myomas that caused important hypermenorrhoea and a secondary anaemia.

In the first ultrasound performed, we observed a submucosal myoma of 42mm. The patients required medical attention because of infected calved myoma. In the following up visits, we objectified persistence of myoma with a submucous G0 type fibroid of 60x54x39mm.

An office diagnostic hysteroscopy was conducted observing the described fibroid occupying the totality of the uterine cavity. Dissection of the myoma pseudocapsule failed due to space limitation. Because of that, a surgical hysteroscopic resectoscope was indicated. This day we saw a huge fibroid that occupied the entire endometrial cavity and could identify a pedicle in fundus. We could only perform a partial resection because the procedure had to be interrupted due to bleeding and poor visualization. On the recovery, important anaemia was detected with haemoglobin of 6 g/dL, so she required blood transfusion.

Thereafter, a multiple time myomectomy hysteroscopic morcellator was proposed. Initially, morcellation of 60-70% of the fibroid was achieved. Nevertheless, in a control ultrasound the persistence of a 52x37mm submucosal myoma was reported. In a new hysteroscopy we accomplished the totally removal of the myoma. Result: benign fibroids



## RESULTS

Ten months after the last hysteroscopy, the patient attained a spontaneous pregnancy and she gave birth to a healthy new-born of 3974g.

## CONCLUSION

In that case, the patient needed four hysteroscopies to remove all the submucosal myoma. Different techniques like enucleation, resectoscopy and morcellation were used. With a multiple time myomectomy, we can decrease the complications that frequently appear if we perform a too lasting hysteroscopy.