Chapter 5

UTERINE ARTERY EMBOLIZATION FOR TREATMENT OF UTERINE MYOMAS IN YOUNGER WOMEN

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INTRODUCTION

Uterine myomas are the most common gynecological problem that is seen in women of reproductive age (1). Since most of the myomas are asymptomatic, their exact prevalence cannot be known. In symptomatic myomas, hysterectomy and myomectomy are traditional treatment methods (2). According to literature data, myomectomy is recommended as the first option especially for patients who expect to conceive. Today, women prefer uterine myoma embolization (UME) more over abdominal myomectomy, even though they expect to get pregnant (4-6). For this preference, the factors that play a role are UME's being less invasive, having shorter hospitalization time and providing quick healing.

In our country, in accordance with the decision of the consensus established with obstetrician and gynecologists, we suggest patients who expect to conceive to undergo myomectomy. Likewise, we recommend hysterectomy to patients above 42 who do not expect to conceive, since it has a protective role against cancer. However, we implement UME process on patients whom hysterectomy is recommended even though they expect to conceive, and also in cases that may require hysterectomy during the operation. Our short-term results were published in previous studies (7). In this study, we share our long-term technical success, clinical success and complications.

MATERIAL AND METHODS

Our study was retrospective and the results of 80 patients who were treated with UAE at the unit between January 2012 and January 2017 were analyzed. All the patients had undergone pelvic computed tomography (CT) angiography for pelvic vessel mapping before the procedure **(Fig. 1)** and pelvic magnetic resonance imaging (MRI) before and 3 months after the procedure. Pelvic MRI investigations included T2W sagittal and axial, T1W sagittal, axial and coronal,

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This shows that the complications of the process can be identified better with increasing number of patients. The results belong to a limited number of patients undergoing the procedure by the same clinician in a single center. We believe that performance of this procedure in more than one center and with higher number of patients will provide more efficient assessment of the process.

CONCLUSION

UAE is a reliable alternative to hysterectomy and myomectomy. We believe that UAE should be preferred in particular in patients recommended hysterectomy or predicted to potentially require hysterectomy during myomectomy and who have an expectation of fertility.

Conflict of interest: The author declare no conflicts of interest.

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