Endometrial Ablation Safe, Effective in Adolescents

BY MARY ANN MOON
Contributing Writer

WASHINGTON — Endometrial ablation is safe and effective in adolescents who have intractable menorrhagia and for whom future fertility is not a concern, Jon I. Einarsson, M.D., said at the annual meeting of the Central Association of Obstetricians and Gynecologists.

Endometrial ablation for menorrhagia is usually reserved for women who do not desire pregnancy and is used in younger women only when their bleeding is life-threatening, said Dr. Einarsson of Baylor College of Medicine, Houston.

He reviewed the experience at his institution in six adolescents with concomitant severe disorders that ruled out future fertility. These included severe mental retardation, vasculitis, paraplegia, cerebral palsy, and seizure disorder. All patients had failed to respond to nonsurgical therapy.

The patients' mean age at the time of the procedure was 15.6 years. The initial success rate was 66.7% (four out of six).

One patient in whom ablation failed was found to have an arcuate uterus and subsequently underwent hysterectomy. The second patient, found to have a septate uterus, was successfully treated with a second ablation procedure when the uterine horns were more completely accessed.

After treatment, the patients' use of menstrual pads decreased from a mean of 7.7 per day to 1.3 per day. Mean duration of menses decreased from 7.2 days to 1.5 days. When contacted an average of 32 months after the ablation, "all patients and/or guardians were satisfied with the treatment outcome and would recommend the procedure to others," Dr. Einarsson said in a poster presentation at the meeting.

"The use of uterine balloon therapy is especially attractive in teenagers, because the 5-mm device requires minimal cervical dilatation, a procedure that can be challenging in an adolescent nulliparous cervix," he noted.

In addition, the approach is particularly useful because patients typically undergo preablation diagnostic hysteroscopy that allows "identification of possible uterine anomalies that might interfere with the performance of the thermal balloon." ■

Satisfaction Rate For MEA Is 87% After 6 Years

SAN FRANCISCO — A retrospective study involving 6 years of experience with microwave endometrial ablation revealed that almost 87% of 660 women were satisfied with the outcome of the procedure.

Overall, 80% of the women avoided hysterectomy over the long term, and 41% achieved amenorrhea, said Sherif Tawfeek, M.D., who acknowledged receiving grant support from Microsulis Americas Inc., which manufactures equipment for microwave endometrial ablation (MEA).

All patients were treated at Dr. Tawfeek's institution, Royal United Hospital in Bath, England, he said at the annual meeting of the American Association of Gynecologic Laparoscopists.

When the endometrial ablation clinic at the hospital began performing MEA in 1994, all patients underwent general anesthesia. But by 2000, about half the patients were undergoing the procedure under local anesthesia.

The mean patient age was 43 years, with a range of 25-57 years. Cavity length averaged 87 mm, with a range of 50-130 mm. The average treatment time was 246 seconds, with a range of 47-810 seconds.

The treatment time was directly correlated with the cavity length, with 111- to 115-mm cavities taking more than 7 minutes, 91- to 95-mm cavities taking a bit less than 4 minutes, and 60- to 70-mm cavities taking less than 2 minutes.

Of the original group of 660 patients, 641 (97%) were followed for at least 6 months. Of those patients, five underwent incidental hysterectomy, mostly for reasons related to cancer. Of the remainder, 78% were satisfied with their first microwave endometrial ablation.

Of the patients who were dissatisfied, about half were satisfied by a second MEA procedure, for a total satisfaction rate of 87%. The remaining 13% of patients underwent hysterectomy.

—Robert Finn