HTA Stops Uterine Hemorrhage Due to Fibroids

BY SHERRY BOSCHERT
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SAN DIEGO — Hydrothermal ablation stopped persistent uterine hemorrhage in six women with large submucosal intrauterine myomas, Herbert A. Goldfarb, M.D., said at an international congress of the Society of Laparoendoscopic Surgeons.

These six patients traditionally would have required a transfusion and hysterectomy. Hydrothermal ablation (HTA) offers a more conservative approach, according to Dr. Goldfarb of New York University. Dr. Goldfarb also said he has no relationship with the company that makes the HTA system.

More than 3 million women in the United States complain of abnormal uterine bleeding each year. Approximately 25% of the 600,000 hysterectomies performed annually in this country are done to treat uterine bleeding, most commonly due to benign causes.

The six women treated with HTA by Dr. Goldfarb were severely anemic. Medical therapy with GnRH agonists and later with norethindrone acetate had failed to stop their bleeding.

"I've always used norethindrone acetate as the one stopgap that could stop women from bleeding," but it didn't work in these cases, Dr. Goldfarb said. None of the women could have undergone hysterectomy or myomectomy without a blood transfusion.

Instead, HTA stopped the hemorrhaging in all six women by circulating saline solution heated to 90° C in the uterus for 10 minutes.

The hydrothermal ablation procedure can be directly visualized. Dr. Goldfarb noted that this gives it an advantage over some other techniques used for uterine ablation.

After the hemorrhaging was stopped and hemoglobin levels improved, some of the women went on to have a hysterectomy. Other women refused hysterectomy and have been followed without further surgery. No long-term data are available yet on the latter group of women.

Hydrothermal ablation "doesn't necessarily replace hysterectomy" but it can prevent the need for transfusion and emergency hysterectomy, Dr. Goldfarb told physicians at the meeting. "It's safe, quick, and effective, and it gives you time to decide how you want to treat this patient," he said.

One physician who attended the meeting said that he had had success in stopping uterine hemorrhaging in similar cases by using the NovaSure system, which ablates the uterus via a bipolar electrode. ■

Laparoscopy Can Be Safe Option in Infertility Cases

SAN DIEGO — Laparoscopic myomectomy for large intramural myomas is a safe and useful treatment in select women with infertility problems, Mineto Morita, M.D., reported in a poster session at an international congress of the Society of Laparoendoscopic Surgeons.

He and his associates at Toho University, Tokyo, evaluated the outcomes in 30 infertile women who underwent laparoscopy to remove intramural myomas that measured at least 50 mm in diameter.

Mean age of the study participants was 32.9 years, the mean duration of infertility was 36.4 months, the mean number of myomas per patient was 1.8, and mean myoma diameter was 64.2 mm.

After laparoscopic removal of the intramural myomas, 15, or 50%, achieved spontaneous intrauterine pregnancy.

"Of 13 patients with infertility factors associated with uterine myomas, 3 (23%) became pregnant, whereas 12 of 17 patients (71%) with no other associated infertility factor became pregnant," the investigators wrote in the poster.

No uterine ruptures occurred.

"All pregnancies were spontaneous, and 13 began within 1 year of the operation," they wrote. Of the 10 patients who had a cesarean section, no adhesions were found on the myomectomy scar.

The operation delayed conception by a mean of 8.6 months.

—Doug Brunk

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