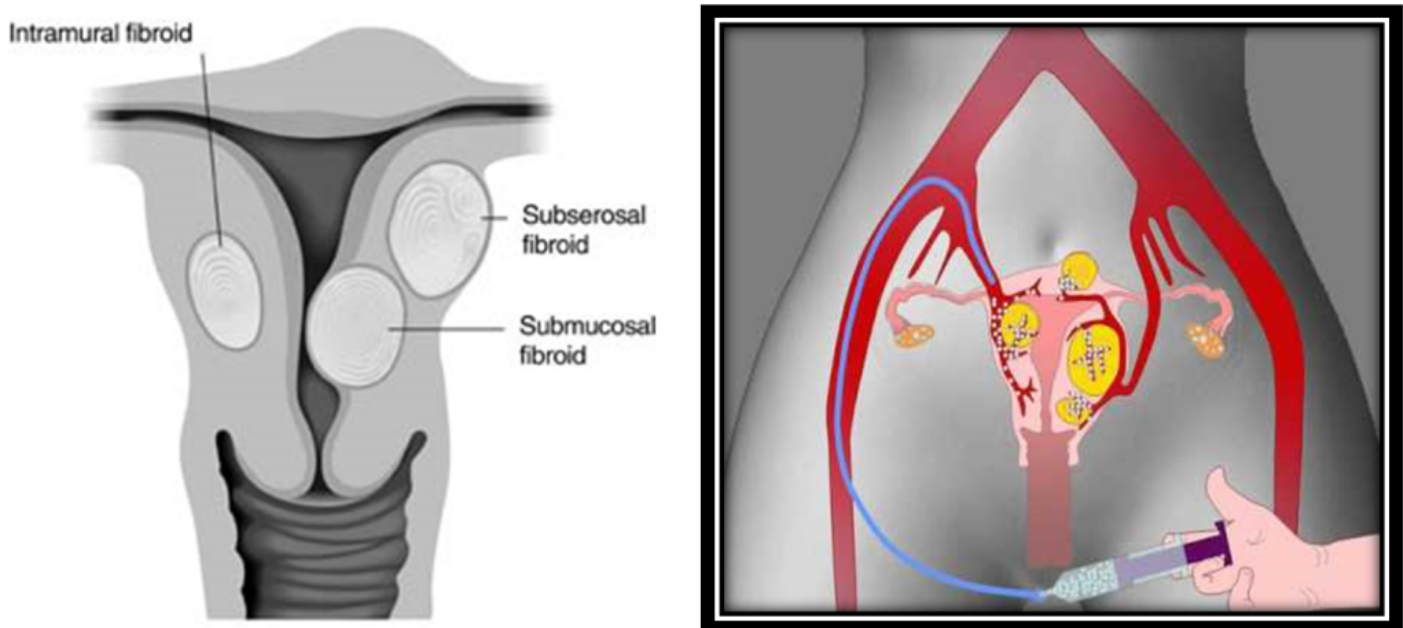


## Clinical long-term outcome and reinterventional rate after uterine fibroid embolization

Uterus fibroid presents the most frequent benign gynecological tumor. Almost 40-50% of women have fibroids during the life. In about 25-30% of a woman, fibroids are symptomatic and can cause, frequent bleeding, pain and compression to other structures such as urine bladder and bowel. Only symptomatic fibroids should be treated. Usually, in menopausal women symptoms caused by fibroids disappear because the hormone influences fibroid growth. Woman with symptomatic fibroid could be treated, traditional with surgery. Removing of the uterus, known as hysterectomy can be done through abdomen and trough vagina. This is a big operation. Other minimal surgical operations can remove only the fibroids and it could be done through the vagina and /or laparoscopic trough abdomen. There is a few limitation for this minimal gynecological intervention and only available fibroids can be removed, not all fibroids.



Minimal interventional radiologic intervention, known as fibroids embolization is well documented and accepted procedure with good results and symptoms control, and can treat all fibroids not depends on the localization of the fibroids. In this procedure, an interventional radiologist in local anesthesia occluded small fibroid vessels with small plastic particles and fibroid dies but the another structure is not damaged. The embolization procedure is a relatively simple procedure, but in some anatomical variation cases can be the demanding procedure. The major drawback of this procedure is a risk for regrowth of fibroid. It could happen up to 10-15% of cases, reported in the most important literature on this issue. Another emerging novel technique is ultrasound guided heat fibroid treatment without pain and could be done in ambulant settings in some cases.

We evaluated results after up to 10 years follow-up and in 350 patients after uterine fibroid

embolization. Results showed high technical success and high symptoms control in the majority of patients and low risk for serious complications. However, we find the difference between used types of small particles regarding risk for secondary interventions due to not satisfied symptoms control. Thus, we reported that properly used material and technique can improve results and reduced chance for failure, especially during the follow-up period. The further diagnostic study, in first place functional magnetic resonance imaging (MRI) testing fibroid characteristic, can improve our knowledge about fibroids and how to select patients for which treatment.

## **Publication**

[Clinical Long-Term Outcome and Reinterventional Rate After Uterine Fibroid Embolization with Nonspherical Versus Spherical Polyvinyl Alcohol Particles.](#)

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*Cardiovasc Intervent Radiol.* 2015 Jun 30