

Uterine artery ligation for treatment of pregnant women with uterine leiomyomas who are undergoing cesarean section

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摘要

Abstract

Objective: To evaluate the therapeutic effects of uterine artery ligation for pregnant women with uterine leiomyomas, who are undergoing cesarean section. Design: Prospective clinical study without randomization. Setting: University-affiliated tertiary referral center. Patient(s): Forty-eight women with uterine leiomyomas undergoing cesarean section for obstetric reasons were enrolled into the study. Diagnosis was established with ultrasound before or during early pregnancy. Intervention(s): Ligation of the bilateral uterine arteries was performed immediately after closure of the uterine incision wound. Main Outcome Measure(s): Blood loss during cesarean section, dominant leiomyoma size, and future surgical intervention for symptomatic leiomyoma. Result(s): Twenty-six (54%) of 48 patients underwent uterine artery ligation during cesarean section (group I), and 22 (46%) received cesarean section only (group II). The average follow-up time was 38.5 months. The average blood loss during surgery was 254 ± 92.3 mL for group I and 278 ± 160.5 mL for group II. Hemoglobin on the first postoperative day was 11.2 ± 0.9 g/dL for group I and 10.4 ± 1.1 g/dL for group II. One patient in group II required blood transfusion due to hemorrhage. Two patients (7.7%) in group I and 9 (40.9%) in group II underwent myomectomy or hysterectomy for symptomatic leiomyomas within 6-38 months after cesarean section. Reductions in the dominant myoma size (average: 45%) were demonstrated in group I patients postoperatively. Four patients (15.4%) in group I and three (13.6%) in group II had a repeat cesarean section during the follow-up period. Conclusion(s): Uterine artery ligation appears to be a promising method for treating pregnant women with uterine leiomyomas, who are undergoing cesarean section, because it is able to reduce postpartum blood loss and minimize the necessity of future surgery. Fertility is apparently not compromised by this treatment, which

offers obstetricians with another choice between observation and myomectomy for pregnant women with leiomyomas who are undergoing cesarean section

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