Fibroids

No preference

Survey among Swiss gynaecologists regarding frequency and management of symptomatic uterine fibroma in daily practice

Matthias Siebert∗, Tamara Merkel, Andy Schôtzau, Johannes Bitzer, Viola Heinzelmann
Gynaecology and Gynaeco-Oncology, University Hospital Basel, Switzerland
E-mail address: matthias.siebert@usb.ch (M. Siebert).

Introduction: Uterine fibromas present the most common benign proliferation of the myometrium (in 70% of women > 50 y). In 20–30% (up to 50%) fibromas are symptomatic (bleeding, pain, bladder symptoms). A new therapeutic principle (antiprogestosterone drug treatment) is being introduced in Switzerland. For the moment there are no data available about the current practice in Switzerland regarding the treatment of symptomatic fibromas in different patient conditions (e.g. age, wish for child, pregnancy). This would be important to see whether a new medical treatment offers advantages.

Materials and methods: With an unrestricted grant by Gedeon Richter (producer of the new drug) a group of experts (lead JB) developed a questionnaire (German, French, English) which was sent out with the support of Gynecologie Suisse to 1236 gynaecologists in the whole country. Participants were asked about the absolute frequency of therapeutic interventions in their everyday practice and about specific interventions in 7 typical cases of symptomatic uterine fibromas. Based on descriptive data the conformity and disparity of the frequency of interventions and the case specific decisions are analysed and the results are put into context with international treatment guidelines.

Results: Of the 1236 questionnaires 309 (24.9%) have been sent back, results of 64 questionnaires (20.7% of the sample) are analysed so far. The average age of gynaecologists was 48.6 years, they look back on 19.6 years of professional experience. The so far responding gynaecologists see their patients with symptomatic uterine fibromas because of bleeding disorders (64.7%), pain (16.8%) and the unfulfilled desire to have children (9.6%). Across the 7 representative cases the most frequently used therapeutic intervention is LNG-IUD (21.5%) followed by endoscopic resection of fibromas (17.7%) or hysterectomy (13.4%). 7.0% prefer observation under symptomatic treatment. The highest disparity of treatment decisions was found in the case of bleeding disorders leading to anaemia in a 43 year old para III who still considers another pregnancy.

Conclusions: Preliminary results of our survey show that the first treatment option of symptomatic uterine fibromas in patients without wish for a child is the LNG-IUD, followed by endoscopic resection and hysterectomy. The highest disparity in therapeutic approach is found in anaemic patients >40 year still considering pregnancy. Final results will be presented in context with international guidelines.

http://dx.doi.org/10.1016/j.ejogrb.2016.07.279
Efficacy, safety, controversies and challenges in vaginal mesh repair in pelvic organ prolapse

Rajeev Singh1,∗, V.P. Singh2, Lakshmi Ravikanti2, Kingshuk Majumder3, Reddi Rani4, Latha Chaturvedula5

1 Fiona Stanley Hospital, Perth, Australia
2 Waikato Hospital, Hamilton, New Zealand
3 St Mary’s Hospital, Manchester, UK
4 MGIMS, Pondicherry, India
5 JIPMER University Hospital, Pondicherry, India

E-mail address: rajeev singh1@gmail.com (R. Singh).

Pelvic organ prolapse is a frequent cause of physical & psychological distress to affected women adversely affecting their quality of life. Traditional cystocele repair has high failure rates as attenuated tissues are utilized & paravaginal defects remain uncorrected. Mesh repair aims to overcome these deficiencies but has been associated with varying success & morbidity. Patients and the press often associate serious long term complications following mesh repair for pelvic organ prolapse. Objective: To review world literature focusing on results of surgery and complications of various methods of prolapse repair. To determine efficacy and safety of various systems used, and determine the efficacy and safety of vaginal mesh repair using polypropylene monofilament mesh (Gynemesh) to repair paravaginal defects in patients with symptomatic cystocele. Methods: Review world literature focusing on results of surgery and complications of various methods of prolapse repair. This is followed by a retrospective study of all patients with symptomatic cystocele treated. Patients were assessed using POPQ scores ± urodynamics as appropriate. An individually tailored tensionfree Gynemesh was fixed to the arcuate line & suburethrally using PDS sutures. Postoperative pain assessments were done using Visual Analogue Score. Patients were followed up at 1, 6 and 12 months. Efficacy of repair, morbidity and impact on quality of life were recorded and analyzed. Results: There is a wide variation of techniques, and rates of successful repair and complications worldwide. Of the 118 women, 4 presented with procidentia, 25 with stage 2 & 89 with stage 3 prolapse. 15 patients had urinary stress incontinence in addition to prolapse, and 38 had a previous surgery (34 with previous hysterectomy, 14 with previous repair, 10 with both). The median followup was 18 months. 112 patients felt improvement in symptoms and quality of life. 16 patients had transient micturition problems (12USI, 2urinary retention, 1urgency) and were managed conservatively in all but 1 (needed Monarch sling). 1 wound infection and 3 mesh exposures were noted and these required excision of the exposed mesh. There were no clinical recurrences of prolapse. Complications have decreased with increasing experience with use of the technique. Conclusions: There is an urgent need for standardisation of techniques, follow up methods and a uniform structure to report results and complications. Improvements through appropriate training and inputs from experts will help improve our understanding of and results of our management of pelvic organ prolapse. In our set up, paravaginal mesh repair is a safe, simple surgery, and provides excellent anatomic results with few complications.

http://dx.doi.org/10.1016/j.ejogrb.2016.07.280

Maternal mortality and morbidity

Poster Presentation

Inadequate placental development – a risk factor for future cardiovascular disease

Soare Georgiana Roxana1,∗, Livia Trasca2, Natalia Patrașcu2
1 Centre Hospitalier de Carpentras, Department of Obstetrics and Gynaecology, Carpentras, France
2 Bucharest University Emergency Hospital, Department of Cardiology, Bucharest, Romania
E-mail address: ene.georgiana.roxana@gmail.com (S.G. Roxana).

Introduction: Inadequate placental development results in important pregnancy outcomes (pre-eclampsia, fetal growth restriction). Poor placental development and function is a risk factor for future cardiovascular disease and mortality. This review aimed to assess the long-term cardiovascular risk in women who have had fetal growth restricted pregnancies or pre-eclampsia.

Method: We performed an objective literature review utilizing Medlife database. A systematic search was conducted using the following terms: cardiovascular disease, pre-eclampsia and fetal growth restriction, with no language restriction, including articles published between 1990 and 2015. A total of 169 were identified.

Results: Women with a history of placental disease have an almost fourfold increased risk of ischaemic heart disease and stroke in later life. Early onset pre-eclampsia (<37 weeks) is associated with an even greater risk of future cardiovascular disease. Echocardiographic examination revealed that almost two thirds of women with normotensive FGR had impaired myocardial relaxation and asymptomatic diastolic dysfunction, with a preserved systolic function and an unaltered cardiac geometry. Women with PE presented with higher total vascular resistance index and lower cardiac and stroke volume index than controls. Left ventricular geometry was significantly altered in PE with marked concentric hypertrophy.

Conclusions: Women with a history of pre-eclampsia and fetal growth restriction should have regular cardiovascular risk assessments. The placental disease should be notified in the patient history in order to assist for the future risk stratification in older women presenting with vascular disease.

http://dx.doi.org/10.1016/j.ejogrb.2016.07.282