



## Clinical investigation of fertility after uterine artery embolization

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### Abstract

**Sertoli-Leydig Short Session Description:** The session description should be no less than 10 and no more than 50 words. The description emphasizes focus on the content of the course or the learner/audience and should emphasize the benefits of attending the course and/or the value of the subject matter itself. Use complete sentences (no bullets) and avoid writing in first-person narrative. This description will be used as promotional material for the course/session and will be printed in the final program. Inviting, dramatic or otherwise interesting descriptions are encouraged.

Since the 1990s, uterine artery embolization (UAE) has known considerable development, but controversy around fertility remains. In this session, we will put this widely accepted idea into question, by presenting new evidence showing that UAE may be a safe and effective option for women with a desire to procreate.

**Objectives:** This study aimed to investigate the clinical, anatomic, and obstetrical results of uterine artery embolization in patients of childbearing age not eligible for myomectomy.

**Methods:** This was a retrospective cohort study of 398 female patients under the age of 43 years treated by uterine artery embolization between 2003 and 2017 for symptomatic fibroids and/or adenomyosis. Uterine artery embolization was performed according to a standardized procedure (fertility-sparing uterine artery embolization technique), with ovarian protection in the event of dangerous utero-ovarian anastomosis. Magnetic resonance imaging and pelvic ultrasounds were performed before and after uterine artery embolization.

**Findings:** The overall clinical success rate (ie, resolution of pre embolization symptoms such as heavy menstrual bleeding, iron-deficiency anemia, pelvic pressure) was 91.2%, and there were no major complications. One year after uterine artery embolization, we observed a mean 73% reduction in myoma volume. A total of 108 patients (49.3%) presented with dangerous utero-ovarian anastomosis and 33 (14.5%) benefited from ovarian protection. In our group, there were 148 pregnancies and 109 live births; 74 children were born at term; 23 were born preterm, on average at  $35.12 \pm 2.78$  weeks. Including preterm births, the mean birthweight and birth length of the children were within normal limits. Restoration of uterine anatomy and ovarian protection were identified as the main predictive factors for obstetrical success. Restoration was also a major predictive factor for clinical success and was associated with a lower rate of miscarriage.

**Conclusion:** This study provided detailed clinical and obstetrical outcomes for 398 female patients who underwent uterine artery embolization for fibroid treatment; it contributes to the identification of anatomic and technical factors that could have an impact on fertility after uterine artery embolization. Further controlled clinical trials are needed to confirm our findings and reevaluate this procedure's indications and limitations for women with a desire to procreate

### Biography

Dr. Oliver was former intern and former head of clinic and former assistant at Montpellier hospitals – Graduate in interventional radiology. Now with more than 25 years of experience, specializes in particular in uterine embolization, chronic pelvic pain, fertility. He is also a Vascular and Interventional Radiologist

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