

Uterine Artery Embolization with Microspheres for Treatment of Leiomyoma and Adenomyosis.

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CASE REPORT:

A 43-year-old patient presenting hypermenorrhea and menorrhagia for 3 years. Initially treated with COC [Combined oral contraceptive] with partial success in bleeding control. At the time of consultation, she presented iron deficiency anemia [Hb 9.2 mg / dL] under treatment with ferrous sulfate. Patient without previous surgical treatment for fibroid and without comorbidities. Patient with two previous pregnancies at term, uneventful [the last one was 15 years ago]. The patient underwent MRI showing 6 intramural fibroids between 0.7 and 2.3 cm and diffuse adenomyosis with junctional zone thickening with a maximum thickness of 2.3 cm. Uterine volume of 286 cm³.

EMBOLIZATION PROCEDURE:

Right femoral arterial access followed by angiographic studies and superselective catheterization of the left and right uterine arteries. Embolization was performed with 1 Embosoft® 300 – 500 µm microspheres syringe and 1 500 – 700 µm syringe on each side to the point of near stasis of the main trunk and maintenance of the cervicovaginal branches [images below].

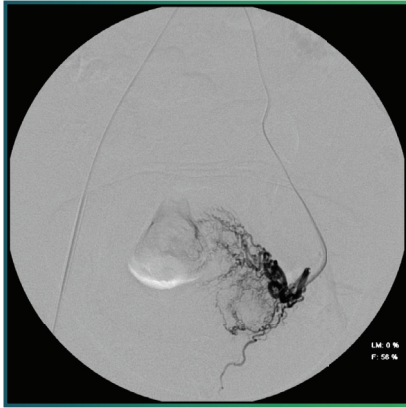
EVOLUTION:

Patient evolved uneventfully and was discharged the day after the procedure. Evolution in the first 4 days with NSAID-controlled pain. 6-month MRI after the embolization procedure showing all fibroids with 100% necrosis and significant reduction in the junctional zone [9 mm in the control study]. Uterine volume of 103 cm³ [Initial volume of 286 cm³]. Patient presented total regression of symptoms, presenting 3-day cycle with small amount of menstruation].

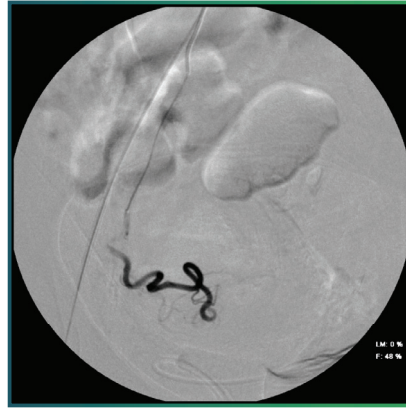
IMPRESSION:

In this case, it can be observed that the association of Embosoft® 300-500 and 500-700 microspheres was effective and safe in the embolization of the fibroids and also of adenomyosis with satisfactory radiological and clinical evolution.

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[A]



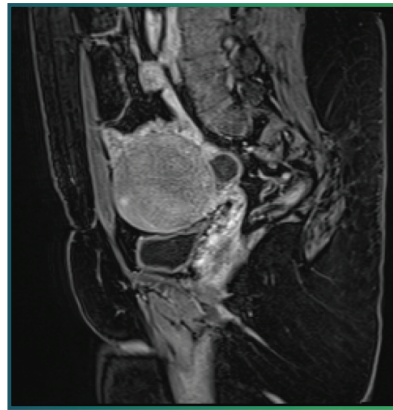
[B]



[C]



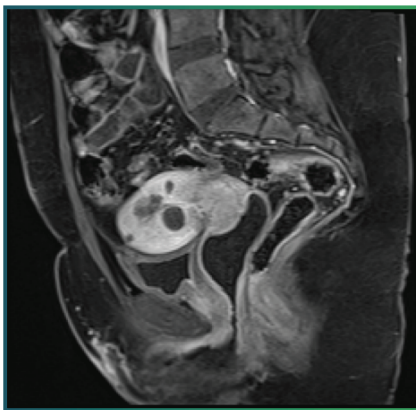
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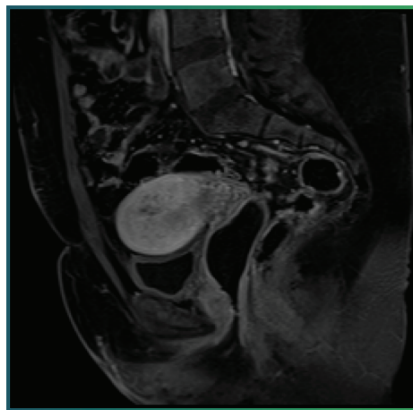
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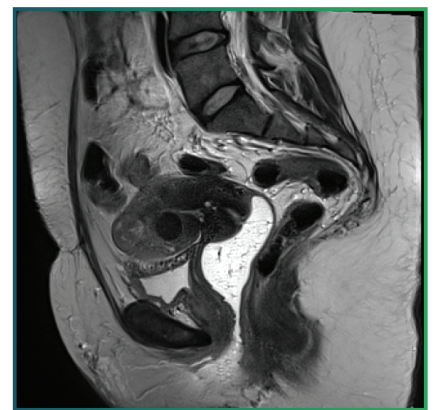
[F]



[G]



[H]



[I]

- Pelvic angiography demonstrates superselective catheterization of the left [A] and right [B] uterine arteries. Angiographic controls demonstrate absence of hypervascularization and preservation of the left [C] and right [D] uterine arteries.
- Pre-embolization pelvic MRI with multiple hypervascularized myomatous nuclei [E, F].
- MRI after embolization. There is a complete absence of contrast uptake by the fibroids and improvement of adenomyosis [G, H, I].