## **EDITORIAL**



**Dr Veena Aggarwal**Consultant, Womens' Health
CMD and Group Editor-in-Chief,
IJCP Group & Medtalks
Trustee, Dr KK's Heart Care

## Myomectomy after HIFU for Recurrent Uterine Fibroids

yomectomy is a safe and effective surgical option for managing recurrent uterine fibroids following high-intensity focused ultrasound (HIFU) ablation, suggests a study published in the December 2024 issue of the *International Journal of Gynecology & Obstetrics*<sup>1</sup>.

This retrospective study examined the outcomes of myomectomy in patients with recurrent uterine fibroids who had previously undergone HIFU ablation. The study was conducted at the Three Gorges Hospital of Chongqing University in China and included patients who underwent abdominal myomectomy or laparoscopic myomectomy between January 2018 and December 2021. Total of 193 patients were included and divided into two groups.

Group 1 included 73 patients who had undergone prior HIFU ablation, while Group 2 included 120 patients who had not undergone HIFU. The following parameters were compared between the two groups: length of surgery, estimated blood loss, blood transfusion, postoperative activity times, hospitalization duration, and complications.

The median operating time was 90.0 minutes in Group 1; in Group 2, the median operating time was 110.0 minutes. Assessment of abdominal myomectomy outcomes showed no significant differences between the two groups in estimated blood loss, blood transfusion rates, postoperative activity times, duration of hospital

stay, and complications. The primary difference noted was the shorter operating time in Group 1.

Laparoscopic myomectomy outcomes revealed that all measured parameters, including operating time, estimated blood loss, blood transfusion, postoperative activity times, duration of hospital stay, and complications, were similar between Groups 1 and 2.

The outcomes were examined at a median follow-up of 40 months. The rate of symptom relief was 78.1% in Group 1 and 74.1% in Group 2. The recurrence rate was 14.6% in Group 1 and 16.4% in Group 2. The reintervention rate was 3.7% in Group 1 and 2.6% in Group 2. The differences in these follow-up measures were not statistically significant.

These findings show that prior HIFU ablation does not compromise the outcomes of subsequent myomectomy in cases of recurrent uterine fibroids. Prior HIFU ablation resulted in a significantly shorter operating time during abdominal myomectomy. Also, it did not alter surgical outcomes for laparoscopic myomectomy. Long-term follow-up showed comparable rates of symptom relief, recurrence, and reintervention between the two groups.

## **REFERENCE**

 Bao YM, Ma WW, Li S, Jiang L, Yang MJ, Chen JY. The safety and efficacy of myomectomy in the treatment of recurrent uterine fibroids after HIFU. Int J Gynaecol Obstet. 2024;167(3):997-1003.