



MONOGRAFIA  
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*«Science and practice:  
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*Conference Proceedings.*

**04 2018**

MONOGRAFIA  
POKONFERENCYJNA

International Conference  
«Science and practice:  
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U.D.C. 082

B.B.C. 94

Z 40

**Zbiór artykułów naukowych recenzowanych.**

(1) Z 40 Zbiór artykułów naukowych z Konferencji Międzynarodowej Naukowo-Praktycznej (on-line) zorganizowanej dla pracowników naukowych uczelni, jednostek naukowo-badawczych oraz badawczych z państw obszaru byłego Związku Radzieckiego oraz byłej Jugosławii.

(27.04.2018) - Warszawa, 2018. - 328 str.

**ISBN: 978-83-66030-19-0**

Wydawca: Sp. z o.o. «Diamond trading tour»

Adres wydawcy i redakcji: 00-728 Warszawa, ul. S. Kierbedzia, 4 lok.103

e-mail: info@conferenc.pl

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Nakład: 80 egz.

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Warszawa 2018

**ISBN: 978-83-66030-19-0**

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## EMBOIALIZATION OF UTERINE ARTERIES AS AN ALTERNATIVE TO HYSTERECTOMY IN THE TREATMENT OF UTERINE MYOMA IN LATE REPRODUCTIVE AGE WOMEN WITH CARDIOVASCULAR DISEASES

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### **Abstract**

*Fibroids are the most common benign tumors of the uterus during female especially in late reproductive age. Uterine artery embolization using embolic particles to occlude the uterine arteries have been reported as a relatively safe, effective, and durable nonsurgical alternative to hysterectomy in diminishing fibroid-related symptoms in women with cardiovascular diseases.*

**Keywords:** Uterine artery embolization, cardiovascular diseases, uterine fibroid, myoma of the uterus.

### **Introduction**

Myoma of the uterus is a common disease of the female reproductive system and is detected in 20 to 77% of women in the late reproductive period [3]. Myoma of the uterus is the most common benign tumor of the reproductive system of a woman and its frequency, according to various sources, varies from 20 to 44%. Myoma of the uterus is a monoclonal hormone-sensitive proliferate, consisting of phenotypically altered smooth muscle cells of myometrium. Cardiovascular diseases are the leading cause of death in women in most of the developed world. In the US, more than half a million women die annually from cardiovascular disease and the proportion of cardiovascular diseases accounts for the bulk of the causes of death, while the death rate for myocardial infarction in women is 3 times higher than that of men. Cardiovascular diseases in women develops 10 years later

than in men, which is associated with the protective role of estrogens [1]. The high incidence of uterine fibroids in the population of women in the late reproductive period and the large number of traditional radical operations in its treatment, leading to a disruption in the somatic and quality of life of patients, determine the urgency of treatment tactics in patients with cardiovascular diseases in order to improve health and quality of life [2].

**The aim of the study** was to develop an algorithm for the management of women of this cohort based on the analysis of the outcomes after embolization of the uterine arteries of women with uterine myoma of late reproductive age with concomitant cardiac pathology.

**Material and methods** of investigation. The study was conducted in the 2nd clinic of the Tashkent Medical Academy for the period 2013 - 2017. Of the 23 women who underwent endovascular

treatment, more than half of the 12 (52.1%) had cardiovascular diseases, such as hypertension in 7 (58.3%) women, coronary artery disease in 4 patients (33.3%), in 1 (8.3%) - the defect of the interatrial septum. It is important to note that varicose veins also had a considerable place - in 5 (41.66%) women. Before surgery, all women were consulted and treated by a cardiologist, a vascular surgeon, to stabilize the physical condition. All women underwent standard clinical and laboratory studies, bacteriological examination of the cervical discharge, cytology of the cervix and colposcopy. And also instrumental methods of research, such as electrocardiography, echocardiography, ultrasound with duplex scanning of small pelvic vessels, X-ray contrast angiography of small pelvic vessels.

#### **Results of the study and discussion.**

The results of the analysis showed that women with cardiovascular pathology were significantly more likely to have had a hereditary anamnesis in 2/3 women (66.7%) and risk factors, such as oral contraceptive use in the anamnesis (83.3%), smoking (16, 6%), obesity (33.3%), diabetes mellitus (8.3%) or their combination (58.3%). In the main part of the examined women, the obstetric and gynecological history was burdened by: an official abortion (58.3%), manual separation and discharge (16.6%), a cesarean section in the anamnesis (33.3%), infertility (25%). In the postembolization period, the somatic state remained stable in the main part (9 - 75%) of women, while ¼ (25%) patients had arterial hypertension and anginal pain (2-16.6% and 1-8.3%, respectively).

The average age of women was 41.2 years. The mean value of the resistance index of the central and peripheral branches of the uterine artery, feeding the myoma node was 0.71 and 0.54, respectively. One patient with concomitant arterial hypertension had a rise in arterial pressure up to 155/100, 160/100 mm Hg in the postoperative period. Normalization was noted against a background of antihypertensive therapy.

**Conclusions.** Thus, uterine artery embolization is a safe and effective minimally invasive method for treating uterine myoma patients. The patients satisfaction with the embolization, the minimal intraoperative blood loss, the presence of easy correctable complications of the technique itself (bruising at the puncture site), the short duration of the postembolization and rehabilitation periods and the spent bed - day reliably showed that endovascular treatment of uterine fibroids in women of the late reproductive period with concomitant cardio - vascular diseases is a good alternative to the traditional organ-carrying surgical procedure treatment. The observed clinical effect allowed us to propose the use of uterine artery embolization as an alternative to surgical treatment, especially in patients with somatic weighed extremely high operational risk.

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