

Hysteroscopic submucosal fibroid resection: Clinical case

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Introduction

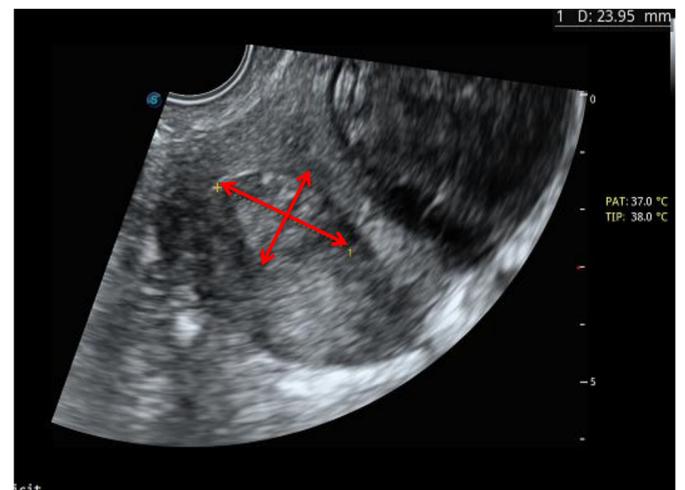
Uterine fibroids are the most common pelvic tumor in women. They are usually diagnosed during reproductive age and can be diagnosed incidentally and be asymptomatic or present symptoms like heavy menstrual bleeding or pelvic pain. Occasionally they can also have negative reproductive effects. There are three types of uterine fibroids: subserosal, intramural or submucosal. Hysteroscopy can be used to diagnose and treat submucosal uterine fibroids

Aim

Present a clinical case where after fibroid hysteroscopic resection, the fibroid is left inside the uterin cavity in order to wait for spontaneous expulsion.

Method

40-year-old patient with heavy menstrual bleeding, dysmenorrhoea and anemia for six months, without response to medical treatment with tranexamic acid. Obstetric and gynaecological history: nulliparous. No pathological findings except globular uterus in gynaecological examination. Cervical cytology and endometrial biopsy are negative for malignancy, and transvaginal ultrasound finds 4 cm subserosal fibroid and 3 cm submucosal fibroid. The patient is prescribed desogestrel and is scheduled for diagnostic hysteroscopy, finding a type 0 submucosal fibroid with pedicle on the left lateral wall of the uterus, with STEP-W classification Group I. Surgical hysteroscopy is performed, using a 9 mm resectoscope with 12° optic camera to resect the pedicle, leaving the fibroid inside the uterine cavity. Biopsy of the fibroid is collected.



Transvaginal ultrasound before procedure

Results

A clinical and ultrasonographic checkup is performed 3 months later. The patient continues treatment with desogestrel in amenorrhoea. She provides a photography showing the expelled fibroid 3 days after the procedure, apparently complete. Fibroid biopsy is negative for malignancy. Linear endometrium is seen in transvaginal ultrasound.



Submucosal fibroid after expulsion



Transvaginal ultrasound after fibroid expulsion

Conclusion

Hysteroscopy is considered one of the election procedures for submucosal fibroids diagnosis and treatment. Leaving the fibroid inside the uterin cavity after biopsy is an alternative to morcellation and extraction and expulsion happens after very few days without further complications.