

Hormone acting drugs + uterine artery embolization offers nonsurgical treatment for uterine fibroids

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Women with uterine fibroids larger than 10 cm have a new nonsurgical treatment choice - hormone acting drugs followed by uterine artery embolization, a new study shows. The new treatment option can replace hysterectomy, which leaves women infertile.

The study, conducted at the Yonsei University College of Medicine in Seoul South Korea, included 40 women with 10 cm or larger [uterine fibroids](#). Twelve of the women received gonadotropin-releasing hormone (GnRH) agonists to shrink their fibroids before undergoing [uterine artery](#) embolization, said Man Deuk Kim, MD, PhD, lead author of the study. The remaining 28 [patients](#) underwent uterine artery embolization alone.

There has been disagreement over offering uterine artery embolization to [women](#) with fibroids larger than 10 cm in diameter because of concerns about an increased risk of infection or sepsis, said Dr. Kim. "Our study found that by adding GnRH agonists as part of treatment, the large fibroids shrunk by about 36% on average and complications were reduced," he said. Major complications requiring hospitalization for more than 48 hours were not seen in the group that had both GnRH agonists and uterine artery embolization, while four patients from the group that were treated with uterine embolization alone suffered complications that required 48 or more hours of hospitalization, Dr. Kim noted.

GnRH agonist treatment does tend to make the uterine arteries smaller and more prone to temporary, sudden narrowing, said Dr. Kim. "However, our study showed adding GnRH to treatment did not prevent uterine artery embolization in patients with large fibroids," he said.

All patients treated with GnRH agonists and uterine artery embolization had successful procedures with follow-up of patients showing complete necrosis of the fibroids. Twelve patients treated with uterine artery embolization had successful procedures, said Dr. Kim.

"When patients who have large fibroids greater than 10 cm come to me seeking an alternative to surgery, I counsel them to consider GnRH agonists plus uterine artery embolization as a [treatment](#) option. Interventional radiologists may be unfamiliar with prescribing GnRH, but our study encourages them to consider GnRH as a pretreatment for patients with large fibroids who want to avoid surgery."

The study was published in the August issue of the *American Journal of Roentgenology*.

Provided by American Roentgen Ray Society

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