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P34. OBSERVATIONAL STUDY OF ULIPRISTAL ACETATE FOR THE TREATMENT OF UTERINE FIBROIDS IN A UNIVERSITY TEACHING HOSPITAL.

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Context
Ulipristal acetate (UA) is a selective progesterone-receptor modulator, which inhibits the proliferation and induces apoptosis of leiomyoma cells. It has been shown to rapidly control uterine bleeding and reduce fibroid volume.

Objective
To review the indication for UA, previous treatment, location and size of fibroids and the impact that UA had on the fibroid volume using ultrasound (USS) or magnetic resonance imaging (MRI).

Methods/Patients
This was a retrospective observational study which included 71 women with uterine fibroids who received UA between January 2015-July 2017.

Intervention:
Ulipristal acetate 5mg OD

Results
Of the 71 patients, 44 patients reported amenorrhoea after the first course of UA however many of the patients are still on their first cycle and therefore are not yet due for follow up.
The indication for UA was mainly for symptom control (58 patients). 8 patients received UA prior to hysterectomy, 3 pre-IVF treatment, 1 for pelvic pain and 1 post resection. Of the 58 patients using UA for symptom control; 9 proceeded to hysterectomy, 1 stopped UA and commenced gonadotropin releasing hormone (GnRH) analogues due to heavy bleeding and 2 patients underwent an ablation. For 41 patients, UA was the first line treatment.
Of the 71 patients, 13 had imaging (USS/MRI) after their first course of UA. 10 fibroids decreased in size, 2 increased and 1 unchanged. Median fibroid volume change was between -9% and -35%. Of those whose fibroids increased in size, treatment compliance is unclear in the notes.

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Conclusion

The majority of patients (83%) were able to tolerate UA well and gained effective control over their bleeding. On reviewing the imaging of patients' pre and post UA treatment, volume reduction in fibroid size was noted in the majority of cases; however, the extent of fibroid size reduction was variable. Despite the fibroid size reduction, 17% of patients taking UA did not get adequate symptom control and therefore underwent secondary intervention.