



## ART IN INFERTILE PATIENTS WITH MYOMAS

Barri P (ES) [1]

### ART in patients with myomas

In absence of other factors, myomas might be the origin of infertility or of repeated miscarriages in our patients.

As reported in this study, women having intramural fibroids not distorting the uterine cavity have unfavorable ART outcomes comparable to those women without such fibroids. Therefore, previous treatment of this intramural fibroids may be a good option, also in patients with fibroids not encroaching on the uterine cavity.

Surgery is recommended in case of submucosal myomas and intramural myomas (even without distortion of the uterine cavity). Subserosal fibroids do not seem to play a role in infertility, although that, surgery may be an option when bigger than 6-8cms.

Laparoscopic myomectomy is the first option to consider as a myomectomy route. Although this, sometimes we have to consider in selected patients medical treatment. SPRMs as UPA, can be used before IVF, as have been reported to be safe and effective.

Pregnancies in patients with myomas as well as pregnancies in patients with previous myomectomies must be closely controlled. Hyperstimulation during IVF cycles seems to not increase dimensions of intramural and subserosal myomas.

The impact of uterine fibroids on fertility and the beneficial role of surgery is controversial. Current data suggest that submucosal and intramural fibroids that distort the endometrial cavity decrease pregnancy and implantation rates. This has not been observed in patients with subserosal fibroids. However, the impact of intramural fibroids without intracavitary component is unclear.

The aim of this study is to clarify the impact of the uterine myomas and myomectomy in patients undergoing assisted reproductive techniques (ART).

Retrospective and observational cohort study performed in Instituto Universitario Dexeus including 1072 infertile patients undergoing ART. 473 were women with uterine myomas not treated before ART, 79 were patients undergoing ART after myomectomy, 520 were infertile patients included as a control group. Our results show that there is a significant 64% reduction in the clinical pregnancy rate and a 65% significant reduction in the delivery rate in women with cavity-distorting intramural fibroids and a 51%

[1] Departamento de Obstetricia, Ginecología y Reproducción Hospital Universitario Quirón Dexeus

significant reduction in the clinical pregnancy rate and a 53% significant reduction in the delivery rate in patients with non-distorting ones.

Our study supports the opinion that non-cavity distorting intramural fibroids have a detrimental effect in live birth, clinical pregnancy, implantation and delivery rates in patients undergoing ART.