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Prevalence of Uterine Fibroids Among Women with Two or More **Recurrent Pregnancy Losses: A Systematic Review**

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Abstract

Recurrent pregnancy loss (RPL), defined as two or more failed clinical pregnancies, affects approximately 5% of reproductive women. Several etiologies for RPL have been studied including uterine fibroids. However, the effect of uterine fibroids on pregnancy outcomes in this patient population remains unclear. The purpose of this systematic review is to critically appraise the evidence associating uterine fibroids with RPL and quantify the prevalence of uterine fibroids in this patient population. The inclusion criteria included women of reproductive age, with at least two or more recurrent, failed clinical pregnancies found to have a submucosal and/or intramural fibroid distorting the uterine cavity on hysterosalpingogram, salineinfusion sonogram and/or hysteroscopy. Studies with biochemical pregnancies; molar, ectopic, and pregnancies of unknown location; pregnancies conceived with assisted-reproductive technologies; therapeutic abortions; subserosal fibroids and intramural fibroids not distorting the uterine cavity; studies using only 2D pelvic ultrasound; or studies where no additional work-up for RPL was initiated or were multiple etiologies were included were omitted from this review. Risk of bias and quality assessment was conducted using the Quality Assessment Tool for Observational Cohort and Cross-sectional studies published by the National Institutes of Health. The electronic search yielded 934 citations. After title, abstract and full-text screening, 3 studies had met the pre-established inclusion/exclusion criteria and were included in the review. The prevalence of submucosal and cavity-distorting fibroids in women with 2 or more pregnancy losses was found to be 4.08% (29/711). The prevalence of uterine fibroids was highest in

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