

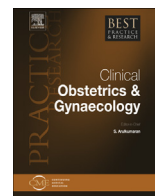


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### Pregnancy outcome and uterine fibroids



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Myomas are observed in about 3–12% of pregnant women. Uterine fibroids may affect the outcome of pregnancy. The presence of myomas – in particular of myomas that distort the uterine cavity and larger intramural myomas – has been associated with infertility. In the case of pregnancy, it has been linked to an increased risk of spontaneous abortion, fetal malpresentation, placenta previa, preterm birth, cesarean section, and peripartum hemorrhage. Although fibroids may negatively affect pregnancy outcome, the impact of their treatment, particularly in quantitative terms, is unclear. Hysteroscopic myomectomy is the treatment of choice for submucous fibroids. The comparative efficacy of laparoscopic, laparotomic, or new modalities of treatment of intramural fibroids is not known. Up to date the choice and modalities of treatment of submucous fibroids should not be based on sound evidence but on clinical concerns and the skill of each center.

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#### Introduction

Uterine fibroids are a common condition [1]: in particular, myomas are reported in about 3–12% of pregnant women [2,3]. In addition to causing pain, uterine fibroids may also affect the outcome of

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pregnancy. The presence of myomas – in particular of myomas that distort the uterine cavity and larger intramural myomas – has been associated with infertility; in the case of pregnancy, this has been linked to an increased risk of spontaneous abortion, fetal malpresentation, placenta previa, preterm birth, cesarean section, and peripartum hemorrhage [4].

Myomectomy is the standard of care for treating symptomatic fibroids in women who wish to bear more children. However, presently, other techniques such as artery embolization, robot-assisted myomectomy, or magnetic resonance imaging (MRI)-guided focused ultrasound surgery (MRgFUS) are available. However, the different efficacy profiles of different techniques on the pregnancy outcome are still a matter of debate [5,6].

In this paper, we review the association between fibroids and pregnancy outcome, as well as the role of fibroid treatment in improving the pregnancy outcome.

In 2008, a review on the effect of myomas on pregnancy outcome was published [4] along with a pool estimate of the frequency of outcomes. Metwally et al. published a Cochrane Database systematic review on the effect of treatment of fibroids on pregnancy outcome [7].

With the aim of updating these reviews/meta-analyses, we searched the electronic databases MEDLINE and EMBASE (from 2009 to present day), using the Medical Subject Heading (MeSH) term “uterine fibroids” combined with “pregnancy.” The results of the retrieved studies and the relevant reviews recently published were considered for this paper.

## **Fibroids and pregnancy outcome**

The presence of fibroids has been associated with an increased risk of several obstetric diseases/conditions.

### *Miscarriage*

In 2008, Klatsky et al. [4] reported an increased risk of miscarriages in women with uterine fibroids compared to women without fibroids. Similarly, in a meta-analysis, Pritts et al. [8] found any location of a fibroid to be associated with an increased risk of miscarriages of 1.7 (95% confidence interval (CI) 1.4–2.1). This analysis included women who underwent assisted reproductive technology (ART).

The studies published after the Klatsky review, which have also analyzed the association between uterine fibroids and miscarriage risk, are shown in Table 1 [2,4,9–15]. All of these studies substantially confirmed the results reported by Klatsky et al. [4], confirming an overall twofold increased risk of miscarriage in women with (submucous/intramural) fibroids.

### *Fetal malpresentation*

Fetal malpresentation, primarily breech presentation, has also been found to be increased among women with fibroids.

Klatsky et al. [4] reported a cumulative frequency of malpresentation of 13%, that is, about 2.5 times higher than in the general population.

We identified three further studies that reported the frequency of breech presentation among women with fibroids. The reported frequency in two of these studies was largely consistent with the Klatsky estimate [12,15], whereas that in the third study was substantially lower, but higher than that in the control group [2].

### *Placenta previa*

We identified two studies on the association between fibroids and the frequency of placenta previa. Consistent with the results of Klatsky et al. [4] both studies reported an approximately twofold increased risk.

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