

Fibroid Surgery May Up Birth Rates After Recurrent Miscarriage

By Kristina Fiore, Staff Writer, MedPage Today
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MedPage Today Action Points

- Explain that removing fibroids that distort the uterine cavity may improve live birth rates among women with recurrent miscarriage.
- Point out that women with fibroids not distorting the uterine cavity can achieve high live birth rates without intervention.

Review

Removing fibroids that distort the uterine cavity may improve live birth rates among women with recurrent miscarriage, researchers found.

Myomectomy was associated with a significant drop in mid-trimester loss rate (21.7% versus 0%, $P < 0.01$), Sotirios Saravelos, MD, of the University of Sheffield in the U.K., and colleagues reported online in *Human Reproduction*.

"We would recommend offering hysteroscopic surgery to all women with a history of one or more mid-trimester pregnancy losses," Saravelos and colleagues wrote.

But women with fibroids not distorting the uterine cavity can achieve high live birth rates without intervention, they noted.

Uterine fibroids have been linked with spontaneous miscarriage, but no studies have assessed their role in recurrent miscarriage.

To examine different types of fibroids on pregnancy outcomes among women with recurrent miscarriage -- defined as three or more consecutive pregnancy losses at less than 24 weeks' gestation -- the researchers looked at retrospective and prospective data from a large tertiary referral recurrent miscarriage clinic in Sheffield.

They included a total of 25 women with cavity-distorting fibroids who had surgery, and 54 women with fibroids that didn't distort the cavity and who did not undergo any intervention.

These patients were compared with a control group of 285 women with unexplained recurrent miscarriage.

Overall, there were a total of 264 pregnancies among women with fibroids and 936

pregnancies among women with unexplained recurrent miscarriage, and the overall prevalence of fibroids was 8.2%.

Saravelos and colleagues found that women with fibroids distorting the uterine cavity had a total miscarriage rate of 76.7% and a live birth rate of 23.3%.

In terms of pregnancy losses, mid-trimester miscarriage rates were significantly increased compared with the group of women with unexplained recurrent miscarriages (21.7% versus 8%, $P<0.01$)

Among women with fibroids not distorting the cavity, the total miscarriage rate was 79.4% and the live birth rate was 20.6% prior to referral to the clinic. These women also had a significantly higher rate of mid-trimester miscarriages compared with controls, but to a lesser extent, the researchers said (17.6% versus 8%, $P<0.01$).

However, they had a significantly lower early first trimester miscarriage rate compared with controls (28.8% versus 39%, $P<0.05$).

Saravelos and colleagues found that for women with fibroids distorting the uterine cavity, having myomectomy was associated with a significant drop in mid-trimester loss rate, from 21.7% to 0% ($P<0.01$).

That translated to a significant increase in the live birth rate from 23.3% to 52%, they reported ($P<0.05$).

For women with fibroids not distorting the uterine cavity, the live birth rate after referral was 70.4% with no intervention, which was similar to the live birth rate among women with unexplained recurrent miscarriage after referral (71.9%).

The researchers concluded that any woman presenting with a previous history of mid-trimester loss should have a thorough exam for fibroids. In addition, myomectomy should be performed on those with fibroids that distort the uterine cavity in order to improve live birth rates.

Yet they cautioned that "the rates of first-trimester miscarriages remain the same post-myomectomy, suggesting that the intervention specifically resolved the problem of mid-trimester miscarriage."

"We would recommend offering hysteroscopic surgery to all women with a history of one or more mid-trimester pregnancy losses," they wrote.

As for women with fibroids that don't distort the uterine cavity, the researchers advised that they "should be counselled that they have a high chance of subsequent live birth and should be classified as having unexplained recurrent miscarriage."

The authors acknowledged that the study was limited by a lack of a control group for the women who had myomectomy. They said there's a need for a randomized, controlled trial to assess the value of myomectomy versus no surgery in women with recurrent miscarriage and fibroids distorting the uterine cavity.

The researchers reported no conflicts of interest.

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Saravelos SH, et al "The prevalence and impact of fibroids and their treatment on the outcome of pregnancy in women with recurrent miscarriage" *Human Reproduction* 2011; DOI: 10.1093/humrep/der293.

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