

Materials and methods. We retrospectively studied 564 office hysteroscopies in patients with infertility and repeated IVF failure. Hysteroscopy was performed with a standard sequence, inspecting the endocervical canal, uterine cavity, endometrium, and tubal ostia. Findings were recorded using a standard report.

Results. Normal hysteroscopic findings were reported in 388 women (68.7%). The other 176 (31.3%) were with abnormal hysteroscopy. The most common reported hysteroscopic abnormality was endometrial polyp 35,2% (62/176), followed by intrauterine adhesions 29,0% (51/176), chronic endometritis 25,0% (44/176), endometrial hyperplasia 5,6% (10/176) and Müllerian anomalies 5,1% (9/176).

Conclusions. Patients with recurrent IVF embryo transfer failures should be reevaluated using hysteroscopy prior to initiating further IVF embryo transfer cycles in order to increase the clinical pregnancy outcome. Moreover, hysteroscopy should be considered as a crucial component for evaluation of infertile women with recurrent implantation failure.

Key words: Hysteroscopy; Infertility; IVF failure.

199. SURGICAL MANAGEMENT OF GIANT UTERINE LEIOMYOMA

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Background. Uterine leiomyoma is the most common benign tumor encountered in female genital pathology. It originates from the level of the smooth muscle tissue, and from the morphological point of view, the tumor is well delimited, being surrounded by a pseudocapsule. Etiology is represented by a factors such as, genetic predisposition, sexual steroids and a number of growth factors with role in the processes of angio- and fibrogenesis which are the basis of this pathology, being found in 40-50% of the cases at the age of over 35 years.

Case report. We present the case of a 46-year-old patient who, following a CT scan performed for diffuse abdominal pain and intestinal transit disorders, showed a dense bulky tumor formation, with multiple hyperdense inclusions inside and well-defined areas of necrosis, with maximum axial diameters of 133/168/249 mm (LL / AP / CC), having as a starting point most likely the uterine upper pole. A total hysterectomy is performed, with bilateral anexectomy, and the histopathological examination describes a giant subserosal leiomyofibroma of the uterus with signs of hyaline degeneration, left hydrosalpinx with strong stasis of the left tube, follicular hemorrhagic cysts of the left ovary, vascular stasis of the right tube, corpus albicans, corpus fibrosum and hemorrhagic follicular cyst of the right ovary. The objective of this study is to present the surgical management of giant uterine leiomyoma. The patient shows a favorable postoperative evolution and is discharged on 5th day in good general health, hemodynamically and respiratory stable.

Conclusions. The annual gynecological screening of female patients leads to the early detection of uterine leiomyomas that can be surgically treated by myomectomy which preserves fertility and avoiding total hysterectomy instead of choosing laparoscopic approach that reduces the days of hospitalization and postop complications.

Key words: uterine leiomyoma, myomectomy, total hysterectomy