

276. UTERINE ARTERY EMBOLIZATION (LITERATURE REVIEW)

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Background. Uterine artery embolization (UAE also known as uterine fibroid embolization UFE) was carried out for the first time in 1970 in order to obtain hemostasis in postpartum women, after caesarean, after abortion, after hysterectomy. Hysterectomy is a major surgical procedure typically requiring 5 days of hospitalization for the immediate postoperative recovery, and the long-term recovery period can range from 4 weeks to as long as 6 months. The most common presenting symptoms of fibroids are menorrhagia/metrorrhagia, dysmenorrhea, chronic pelvic pain. Bleeding problems tend to present early, when fibroids are relatively small. The degree of bleeding can be dramatic, causing marked anemia and chronic fatigue. Fibroid symptoms can have a significant impact on the quality of life that is comparable to other major chronic diseases. The only absolute contraindications to UAE are current pelvic or gynecologic infection and current pregnancy. Relative contraindications include those that would be considered for any angiographic procedure: uncorrectable coagulopathy, severe renal insufficiency, and a history of anaphylactic reactions to radiographic contrast media. Another relative contraindication is a peri- or postmenopausal state. Uterine artery embolization is performed in the interventional radiology suite, usually after the subject has been sedated. One or both of the femoral arteries are catheterized, and pelvic arteriography is performed to define the vascular tree. In addition to the usual postprocedure requirements Associated with an arterial puncture, the major treatment issues following UAE relate primarily to postembolization syndrome, which consists of pelvic pain, nausea/vomiting, and low-grade fevers.

Conclusions: Uterine artery embolization is a safe alternative to surgical myomectomy, resulting in shorter hospital stay, fewer and less severe adverse events. Awareness of the known complications of uterine artery embolization may allow more rapid diagnosis and effective therapeutic responses to complications when they occur. Uterine fibroids embolization requires a thorough knowledge of the pelvic arterial anatomy. Identification of normal arterial anatomy and main variations of the uterus, fibroid tumor vascularization are essential for the safety and success of the procedure. All intending to perform uterine fibroid embolization of the tumor should benefit a specific training in pelvic anatomy and in the technical procedure.

Key words: uterine artery, hemorrhage, embolization.