ISSN (PRINT): 2032-0418 ISSN (ELECTRONIC): 2684-4230

FACTS, VIEWS & VISION in ObGyn

Journal of the European Society for Gynaecological Endoscopy (ESGE)

VOLUME: 17 | ISSUE: SUPPL 1 | SEPTEMBER 2025

OFFICIAL ABSTRACT PUBLICATION

of the ESGE 34th Annual Congress

19th - 22th October 2025 | İstanbul, Turkey

ESGE 34th ANNUAL CONGRESS

19th - 22nd October 2025

ISTANBUL - TÜRKIYE



ESGE34-0966 - P353
ePoster Presentations

Prospects of using radiofrequency ablation in the treatment of symptomatic uterine fibroids

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Aim

The research aims to improve the tactics of surgical treatment of women of reproductive age and in the premenopausal period with symptomatic uterine fibroids in outpatient settings using radiofrequency ablation.

Background

Uterine fibroids (UF) are one of the most common and yet understudied diseases in women. These tumours affect women mainly during their reproductive years and are diagnosed in up to 80% of women during their lifetime. Though most women with fibroids are asymptomatic, approximately 30% of them will present with severe symptoms, which can include abnormal uterine bleeding, anaemia, pelvic pain and pressure, back pain, urinary frequency, constipation, or infertility, and will require intervention. Furthermore, fibroids have been associated with poor obstetrical outcomes. The current options for symptomatic fibroid treatment include expectant, medical, and surgical management, and interventional radiology procedures. An ultrasound-guided radiofrequency ablation (RFA) is an outpatient procedure for uterine fibroids. The procedure utilises recent technological advancements in instrumentation and imaging, allowing surgeons to treat numerous fibroids of varying size and location in a minimally invasive way.

Materials / Patients

We analysed the data of 52 women of reproductive age and premenopausal age (mean age 37.4 ± 4.4 years) with symptomatic uterine fibroids and objectively confirmed heavy menstrual bleeding (≥150 to ≤450 ml), who underwent outpatient intervention of radiofrequency ablation treatment of fibroids. Among the RFA patients who conceived, the average age at ablation was 37 years old (range, 27-46 years). Most patients had between 1 and 3 myomas ablated, and myomas size ranged from <2 cm to 8.5 cm.

Methods / Results

Patients with uterine fibroids (UF) (n=52) were divided into 2 groups depending on age: reproductive age (20-45 years) and premenopausal age (45-55 years). Group I consisted of 20 patients; Group II – 30 patients, who underwent gynaecological examination, ultrasound. During examination, the size, location, quantity, and vascular supply of fibroids were determined. The main complaint of patients in Group I was pain and growth syndrome, while the main complaint in Group II was heavy menstruation (80.0% of patients). A 17.7% reduction in the size of the myomatous node was observed in the first group, compared to 23.4% in the second group of the study, 3 months after the RFA procedure. Evaluation 6 months after the procedure showed a reduction in the size of the uterine myoma by 47.5% and 58.6% of the initial size of the uterine myoma, respectively.

Discussion

RFA is effective in treating fibroids of various sizes and numbers in a single setting.

Conclusion

RFA of fibroids has proven to be safe, versatile, and effective in reducing or eliminating symptoms related to uterine fibroids.

Impact to Patients' Health

The procedure is well tolerated with a typically uneventful and rapid recovery requiring NSAIDs only for postoperative pain. Patients returned to everyday life 2-3 days after the procedure.

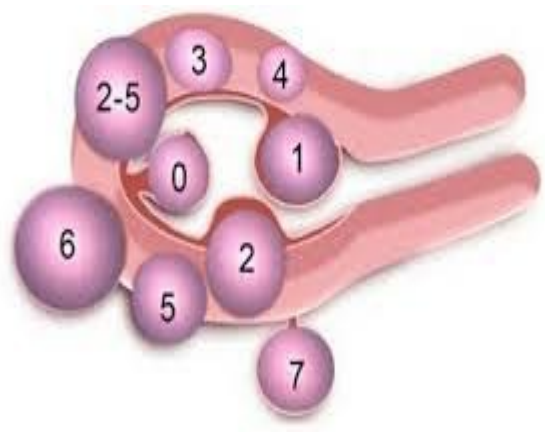
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Tashkent State Medical University, Tashkent, Uzbekistan.

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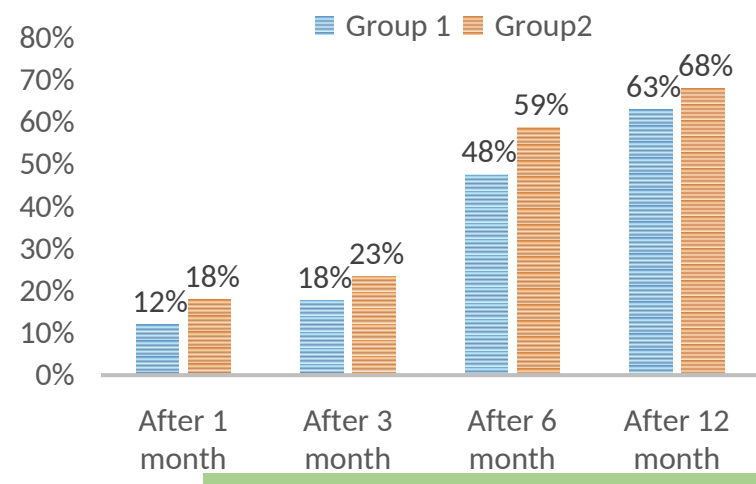


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