

# Treatment with artery closure !!! BY: Amani .M. ibrahim .2<sup>nd</sup> Year. Med

What is the uterine artery ewbolzation and is it causing acute kidney failure and hyperkalemia?

Basic Medical Sciences

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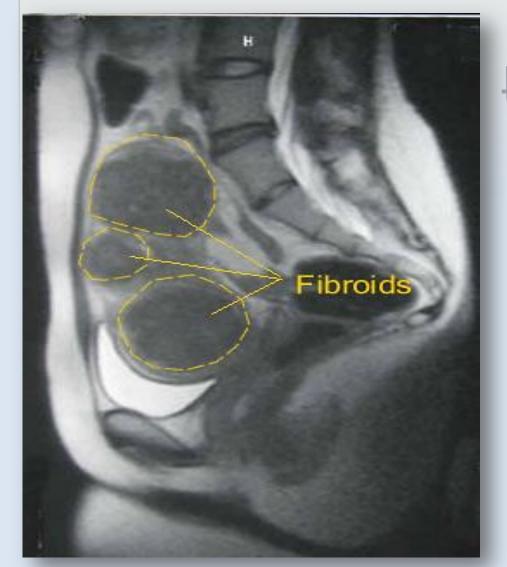


## Introduction

Uterine fiboid are benign, smooth muscle Cells tumor of the uterus (fig.1) occur in 20 – 40%

Of women of reproductive uterine artery Embolizeation for the treatment of fibroid – roluted

Menorrhagin was first introduced in 1995.<sup>1</sup>



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Fig .1 uterine fibroid

# Discussion

- \* Patients with symptomatic, intramural uterine fibroids .....
- \*Uterine artery embolization Before UAE the patients were given prophylactic antibiotics intravenous and intravaginal (fig 3)
- \*Transvaginal ultrasound assessment of fibroids Each patient underwent 2 ultrasound evaluations – before and 3 months after the procedure. (fig .4)<sup>1</sup>

# Pre embolization Post embolization Figure 1 - Arteriography showing absence of vascularized

ure 1 - Arteriography showing absence of vascularized branches of the uterine artery after arterial embolization.

Fig .4 pre and post embolization

Utorino Fibroid Embolization

John unitry

In medical system

Cases

Cases

Fig .3 uterine artery embolization

## Results

Sixty five patients with symptomatic intramural Uterine fiproids guolified for UAE were included In the study – all patients were premeropausal, The mean age was (from 29 to 52 years ) before UAE the median dominant fibroid volume at 3 Monthe follow up the median dominant fibroid

Volume decreased to so .4cm3 was calculated at 50.1% medion percentage in fibroid Volume 3 months after UAE (fig.2).<sup>2</sup>

## Conclusion

The UAE is a solution but there are exceptions in terms of age and case and In large fibroids, surgery is preferred

## References

- 1. Keiko Tanaka, Toshimitsu Koizumi\*, Takeru Higa\* and Noriaki Imai Medical Case Reports (2016) 10:306 DOI 10.1186/s13256-016-1092-3\*
- 3<sup>rd</sup> Chair and Department of Gynecology, Medical University of Lublin, PolandPrz DOI: 10.5114/pm.2014.45001 Prz Menopauzalny Original paper 2014; 13(4): 247-252