

## **Pregnancy Rate and Outcomes after Uterine Fibroid Embolization Single Centre Experience in the Middle East from the United Arab Emirates at Alain Hospital**

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**Abstract :** Objective: To evaluate pregnancy outcomes, complications and neonatal outcomes in women who had previously undergone uterine arterial embolization. Design: Retrospective study. In this study, most women opted for UFE as a fertility treatment after failure of myomectomy or in vitro fertilization, or because hysterectomy was the only suggested option. Background. Myomectomy is the standard approach in patients with fibroids desiring a future pregnancy. However, myomectomy may be difficult in cases of numerous interstitial and/or submucous fibroids. In these cases, UFE has the advantage of embolizing all fibroids in one procedure. This procedure is an accepted nonsurgical treatment for symptomatic uterine fibroids. Study Methods: A retrospective study of 210 patients treated with UFE for symptomatic uterine fibroids between 2011-2016 was performed. UFE was performed using (PVA; Embozen, Beadblock) (500-900  $\mu\text{m}$  in diameter). Pregnancies were identified using screening questionnaires and the study database. Of the 210 patients who received UFE treatment, 35 women younger than the age of 40 wanted to conceive and had been unable. All women in our study were advised to wait six months or more after UFE before attempting to become pregnant, of which the reported time range before attempting to conceive was seven to 33 months (average 20 months). RESULTS: In a retrospective chart review of patients younger than the age of 40 (35 patients, 18 patients reported 23 pregnancies, of which five were miscarriages. Two more pregnancies were complicated by premature labor. Of the 23 pregnancies, 16 were normal full-term pregnancies, 15 women had conceived once, and four had become pregnant twice. The remaining patients did not conceive. In the study, there was no reported intrauterine growth retardation in the prenatal period, fetal distress during labor, or problems related to uterine integrity. Two patients reported minor problems during pregnancy that were borderline oligohydramnios and low-lying placenta. In the cohort of women who did conceive, overall, 16 out of 18 births proceeded normally without any complications (86%). Eight women delivered by cesarean section, and 10 women had normal vaginal delivery. In this study of 210 women, UFE had a fertility rate of 47%. Our group of 23 pregnancies was small, but did confirm successful pregnancy after UFE. The 45.7% pregnancy rate in women below the age of 40 years old who completed a term pregnancy compares favorably with women who underwent myomectomy via other method. Of the women in the cohort who did conceive, subsequent birth proceeded normally (86%). Conclusion: Pregnancy after UFE is well-documented. The risks of infertility following embolization, premature menopause, and hysterectomy are small, as is the radiation exposure during embolization. Fertility rates appear similar to patients undergoing myomectomy. UFE should not be contraindicated in patients who want to conceive and they should be able to choose between surgical options and UFE.

**Keywords :** fibroid, pregnancy, therapeutic embolization, uterine artery

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