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SUBMUCOUS LEIOMYOMAS AND POLYPS:
HYSTEROSCOPIC DIAGNOSIS AND TREATMENT

Rafael F. Valle, M.D.

Associate Professor of Obstetrics and Gynecology

Northwestern University School of Medicine

The most common uterine neoplasmas affecting women and frequently causing abnormal bleeding, pelvic pain and, occasionally, reproductive failure, are leiomyomas and endometrial polyps.

At present, hysteroscopy is the most accurate method to diagnose endometrial polyps and submucous leiomyomas; furthermore, it offers the best surgical alternative to control their transcervical removal.

Uterine Leiomyomas

Uterine leiomyomas are common neoplastic disorders occurring most frequently in the third and fourth decades of life. They usually require treatment, owing to excessive bleeding, pelvic pain, rapid growth or as a treatment to infertility. About 20% of women past age 30 are afflicted with this problem. When women in the reproductive years are affected with leiomyomas, diagnosis may be difficult and the treatment should preserve the women's reproductive capability.

In some instances leiomyomas cause infertility, particularly because of their location and size. Leiomyomas located at the uterotubal junctions may mechanically interfere with tubal patency. Large broad ligament leiomyomas may also interfere with tubal function and disrupt the tubal-ovarian relationship. Large intramural and submucous leiomyomas may distort the uterine cavity and endometrial lining so as to prevent sperm migration, nidation and

Implantation of the blastocyst. By far the most common symptomatology associated with uterine leiomyomas, particularly the submucous kind, is abnormal uterine bleeding.

A complete evaluation should be performed of patients presenting with pregnancy wastage or infertility and associated leiomyomas. A hysterosalpingogram will outline the symmetry and presence of submucous leiomyomas, distortion of the tubal intramural portion and/or tubal occlusion. Direct visualization of the uterine cavity allows for selective biopsies of abnormal endometrium found and a definite diagnosis of submucous type leiomyomas. For a patient who is symptomatic, that is, who has bleeding, pain, and/or rapid growth of the myoma, myomectomy is indicated regardless of the size or growth of the tumor, to enhance reproductive capability and correct menstrual dysfunction.

Although symptomatology may suggest submucous leiomyomas, presently used methods of diagnosis have not been satisfactory. Uterine sounding, endometrial biopsy, dilatation and curettage, and hysterosalpingography do not provide accurate diagnosis consistently, particularly if the lesion does not significantly distort the uterine cavity. Hysteroscopy permits direct vision of the topography and symmetry of the uterine cavity providing easiness and accuracy in the diagnosis of intrauterine lesions (leiomyomas, polyps...); furthermore, hysteroscopy offers the possibility of their direct treatment.

Even though the classical principles of performing myomectomy, such as meticulous surgical technique, hemostasis, and perfect uterine reconstruction may be followed, the surgical treatment of submucous leiomyomas by laparotomy and bisection of the uterine body may predispose to possible secondary pelvic adhesions, infection, and tubal damage. When conservative treatment of submucous leiomyomas is required, the hysteroscopic treatment

offers a less invasive alternative and, therefore, a more acceptable and safe procedure than abdominal myomectomy.

Many conditions are amenable to surgical therapy under hysteroscopy, and certain criteria are useful when considering this technique; any abnormal lesion found in the uterine cavity during hysteroscopy, particularly if it is focal, can be biopsied under direct visual control. Removal of submucous leiomyomas can be attempted when they are pedunculated, small (less than 4 cm.) and single in a woman of reproductive age and desirous of children. Although sessile submucous leiomyomas have been shaved directly through the cystoscope-resectoscope utilizing a cutting loop, this approach could be used only in selected patients and still remains under investigation.

Because it is estimated that 10% to 15% of patients with uterine leiomyomas may have future recurrences, follow-up of those patients for early discovery of possible recurrences is important.

Endometrial Polyps

Endometrial polyps are frequently the cause of abnormal uterine bleeding and seldom cause infertility unless they are located at such a crucial point in the uterus as the uterotubal cones, and occlude that area and/or are of sufficient size to interfere with sperm migration. A large polyp also may act as a foreign body, impeding implantation. When found in the course of infertility evaluation, polyps should be treated, particularly if they are symptomatic. Polyps may be easily overlooked even with hystero-grams. Nevertheless, when a fractional injection of dye, particularly a water soluble one, is injected under fluoroscopic view, polyps may be suspected. Hysteroscopy may not only determine the presence of the polyp but aid in its complete removal.

Conclusion

The hysteroscopic approach to uterine submucous leiomyomas and endometrial polyps has offered a more accurate diagnostic appraisal and a less invasive and more effective method for definite treatment. New modalities to treat intrauterine lesions through hysteroscopy have been studied, such as the Neodymium Yag Laser for direct destruction of pathologic lesions within the uterine cavity and the use of the cutting loop to resect these lesions, similar to the resection of the prostate as performed by cystoscopy with the resectoscope. This latter instrument is less expensive and not as sophisticated as the laser. Easy applicability and effectiveness of these two modalities still remain to be demonstrated.

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