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Purpose:

To compare the clinical and radiological outcomes of UFE performed with either beadblock, embospheres, embozenes or gelfoam.

Materials:

A prospective non-randomised single-centre study was carried out between May 2006 and March 2009. Patients presenting to our institution for UFE for symptomatic fibroids were included. Patients were then divided on a sequential basis into 4 groups of 20. UFE was carried out with either gelfoam (group 1), embospheres (group 2), beadblock (group 3) or embozenes (group 4). Pelvic MRI was performed prior to UFE and at 3 to 6 months post-UFE. MRI included: unenhanced axial T1, post gadolinium fat sat T1 and MRA sequences. Uterine volume, dominant fibroid volume, overall fibroid infarction, dominant fibroid infarction and uterine artery patency were assessed at MRI. The degree of infarction was assessed based on the ratio of residual enhancing fibroid to overall fibroid volume. All patients completed a Validated Symptomatic Score (VSS) questionnaire (UFS-QOL) prior to UFE and at the time of each follow up visit. A VSS improvement score was derived from this data.

Results:

In groups 1, 2 and 4, comparable rates of dominant fibroid complete infarction (85%, 90%, 95%) and overall complete fibroid infarction (70%, 80%, 70%) were seen. Lower rates of dominant fibroid complete infarction (50%) and overall complete fibroid infarction (44%) were seen in group 3. Dominant fibroid volume reduction and uterine volume reduction were comparable between the groups. No correlation between VSS improvement and embolic agent or radiological outcome was demonstrated.

Conclusions:

The choice of embolic agent used in UFE not only has an impact on radiological outcomes but has significant cost implications. Our small study has demonstrated similar outcomes for embolic agents of notably different cost.