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The effectiveness of laparoscopic ultrasonography
(LUS) in laparoscopic myomectomy

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[Objective]

LM (Laparoscopic Myomectomy) has been more often performed than before. The problem of postoperative recurrence in both LM and OM (Open Myomectomy) sometimes occurs. In our prior retrospective study the cumulative recurrence rates of 8 year after LM and OM operation were 76.2% and 59.6% respectively. The postoperative recurrence rate of LM was significantly higher than that of OM. There is a possibility that the lack of palpation during operation in LM causes residual myomas and results in the recurrent. Therefore we have used LUS (Laparoscopic ultrasonography) to reduce residual myomas since 2015. In this study, we will introduce the effectiveness of LUS.

[Methods]

Between February 2015 and September 2016, in LM after all the myomas detected by preoperative MRI were removed, with LUS we checked and removed residual myomas if any. We used LUS in 26 patients and examined the patient characteristics and surgical outcomes.

[Results]

In the patients who underwent LM, 26 patients underwent LUS. The total number of removed myomas was 135. The mean number was 5.2 per patient. The mean diameter of the largest myoma was 68mm. In 6 out of the 26 patients, residual myomas were detected by LUS and removed additionally (7 myomas were detected and all removed) . The mean diameter was 5.7mm and all the myomas were less than 10mm.

[Conclusion]

The myomas that would be left behind without LUS can be removed during operation. We believe LUS will contribute to decreasing postoperative recurrence rate in LM.

