

## A Case Series: Ulipristal Acetate in the Management of Uterine Fibroid in Malaysia Women

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### ABSTRACT

**Objective:** An observational case study to evaluate the efficacy and safety of UPA in patients who choose UPA as the treatment protocol. **Method:** Ulipristal acetate (UPA) administered for 2 treatment cycles of 3 months each which was 5 mg daily oral ulipristal acetate for first 3 months and followed up monthly to monitor the symptoms and volume of fibroid. The second treatment cycle would be started at the earliest during the second menstruation after the first cycle. **Result:** Preliminary data showed a marked reduction in intramural myoma volume after 3 months and 6 months courses of 5 mg UPA which is 18.5% and 29% respectively, while subserous myoma had a reduction of 14.5% of the total size. Our patients also experienced significant reduction in the symptoms of uterine bleeding with UPA. The endometrium was noted to be thickened during the treatment cycle but this thickening was normalized during the treatment free period. The main side effects reported were intermittent hot flushes, headache and lower abdominal pain which were not present after the first month of treatment. **Conclusion:** UPA demonstrate the efficacy and safety profile in treatment of symptomatic uterine fibroid.

## A Review of Laparoscopic versus Open Myomectomy in Hospital Sultan Abdul Halim, Sungai Petani, Kedah, Malaysia

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### ABSTRACT

**Objective:** To compare laparoscopic and open myomectomy for patients with fibroids with regards to surgical outcomes, recurrence rate and spontaneous pregnancy outcomes following Myomectomy in Hospital Sultan Abdul Halim, Sungai Petani. **Methods:** This is a retrospective cross-sectional study of women who underwent myomectomy either via laparoscopy or laparotomy. A linked database containing patient data for hospital admission, operating room and clinic follow-up from January 2016 until December 2016 in Hospital Sultan Abdul Halim, Sungai Petani, Kedah was used. All women below the age of 40 years who had undergone a myomectomy (laparotomy and laparoscopy) were included. Patients who had pedunculated or submucosal fibroids were excluded. Both surgical methods for myomectomy were compared regarding surgical outcomes, blood loss, length of hospital stay, recurrence rates and pregnancy outcomes. Statistical analysis was done using SPSS version 22.0 by chi-square test, and the P value <0.05 was considered significant. **Results:** There was a total of 44 myomectomies done in 2016. Thirty (n=30, 68.1%) were performed via laparoscopy, while fourteen (n=14, 31.9%) via laparotomy. Laparoscopic myomectomy had the advantages of shorter hospital stay by 1 day (1 day versus 2 days, P<0.001). There were no significant differences between the two groups in terms of blood loss (P=0.175), pregnancy outcome (P=0.709) and recurrence rate (P=0.277). **Conclusion:** Laparoscopic myomectomy is a good alternative to myomectomy via laparotomy. It has the advantage of a shorter hospital stay, without increasing the risk of adverse outcomes.