



LETTER



Comment on: Systematic review of pregnancy outcomes after fertility-preserving treatment of uterine fibroids

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We read with great interest the systematic review by *Khaw et al. (2020)* in which they compared pregnancy outcomes after medical, surgical and radiological therapy for fibroids. From our experience with magnetic resonance-high intensity focused ultrasound (MR-HIFU) treatment of fibroids, we would like to comment on this review.

Ideally, relevant baseline parameters should be similar or corrected for when comparing different treatments. In this review no such correction was applied, most likely because these data were not available. Typically, fibroids are numerous

with open myomectomy or uterine artery embolization and solitary with ablation or laparoscopic myomectomy. Age, which is maybe the most important predictor for pregnancy chances, was not mentioned. Data from retrospective, prospective and randomized studies were added together, as if the studies were of similar design.

Assuming that baseline parameters were comparable, we question the conclusion that myomectomy remains the treatment of choice. Although the percentage of live births was almost comparable between myomectomy and ablation, ablation was shown to have better outcomes with respect to

miscarriage, preterm delivery, caesarian section, time to conceive and uterine rupture. Therefore, we feel that fibroid ablation may be an equally good option. Most importantly, it is not clear how many women in each group desired a pregnancy and achieved one. As long as these data remain unavailable, we should be careful in our statements because they influence the choices made. Direct comparison in randomized trials is needed to provide the answer as to which treatment should be offered to women with fibroids wishing to become pregnant.

REFERENCE

Khaw SC, Anderson RA, Lui M. Systematic review of pregnancy outcomes after fertility-

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