Pregnancy Possible After Fibroid Embolization

BY KERRI WACHTER
FROM THE ANNUAL MEETING OF THE SOCIETY OF INTERVENTIONAL RADIOLOGY

TAMPA — Pregnancy rates following treatment with uterine fibroid embolization are comparable to those with myomectomy, offering hope for women who choose embolization but still want to conceive, study results showed.

"Uterine fibroid embolization (UFE) is not a contraindication in patients who want to conceive," Dr. Joao-Martins Pisco said at the meeting.

The fertility rate in a small population of women who underwent UFE was comparable to that reported for myomectomy—58% vs. 57%. Dr. Pisco reported on 74 women who underwent UFE but still wished to become pregnant. More than half of the women (58%) had spontaneous pregnancies following the procedure. They ranged in age from 29 to 43 years (mean age, 36 years).

UFE is typically offered to women who no longer wish to become pregnant, and myomectomy is usually offered to women who still wish to become pregnant.

However, there are limited data on fertility rates and pregnancy outcomes following UFE to support this practice, said Dr. Pisco, an interventional radiologist at St. Louis Hospital in Lisbon. None of the women in this series had been able to conceive prior to UFE. Before the procedure, the women were informed of the uncertain effect of UFE on fertility and pregnancy.

The findings "provide no support of the antioxidant vitamins in terms of altering the risk of hypertension in pregnancy, and the authors suggested several possible explanations. First, although there is evidence of oxidative stress in preeclampsia, it might not be critical or the primary outcome. Similarly, the rates of the secondary outcome, preeclampsia, were not significantly different between groups—occurring in 7.2% of the vitamin group and 6.7% of the placebo group. None was reported."

The mean size of the dominant fibroid was 151 cc. The women were cautioned to wait at least 6 months before trying to conceive. In all, 30 women (84%) had successful live births. Two of these babies (7%) were born prematurely. There were five abortions—one induced and four spontaneous. One stillbirth occurred in a woman who had previously undergone five myomectomies and who had conceived through in vitro fertilization. Seven of the remaining pregnancies are ongoing.

Dr. Pisco noted that larger, multicenter, randomized prospective studies are needed comparing UFE and myomectomy.

Vitamins C, E: No Effect on Preeclampsia

BY KATE JOHNSON
FROM THE NEW ENGLAND JOURNAL OF MEDICINE

Daily supplementation with vitamins C and E starting between 9 and 16 weeks’ gestation did not reduce the rate of pregnancy-associated hypertension, according to a large multicenter trial in low-risk, nulliparous women.

The findings provide no support for the use of vitamin C and E supplementation in pregnancy to reduce the risk of preeclampsia or its complications,” wrote Dr. James M. Roberts of the University of Pittsburgh and his colleagues (N. Engl. J. Med. 2010;362:1282-91).

The study randomized 10,154 nulliparous women from 16 clinical centers. All women had singleton pregnancies, with gestational age at randomization ranging between 9 weeks, 0 days and 16 weeks, 6 days. The women were randomly assigned to take 1,000 mg of vitamin C and 400 IU of vitamin E daily, or matching placebo, until the end of their pregnancies. They returned any unused study drug each month and received a new batch, at which time they reported any side effects, and had their blood pressure and urine protein levels measured.

The primary outcome of the study was a composite of pregnancy-associated hypertension and serious adverse outcomes in the mother, fetus, or neonate, while the secondary outcomes included preeclampsia and other maternal and neonatal outcomes.

After some subjects were lost to follow-up or removed, a total of 4,993 women from the vitamin arm and 4,976 from the placebo arm were included in the final analysis. Neither the primary or secondary outcomes of the study were significantly affected by vitamin treatment. A total of 6.1% of the vitamin group and 7.7% of the placebo group met the primary outcome criteria for the primary outcome. Similarly, the rates of the secondary outcome, preeclampsia, were not significantly different between groups—occurring in 7.2% of the vitamin group and 6.7% of the placebo group.

Several other studies have found a similar lack of benefit to antioxidant vitamins in terms of altering the risk of hypertension in pregnancy, and the authors suggested several possible explanations.

This and other studies have found no benefit of the antioxidant vitamins C and E in altering the risk of hypertension in pregnancy.