

Towards Even More Reduced Trauma in the Non-Medical Therapy of Benign Uterine Wall Disease?

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Editorial

Minimal-access therapy in symptomatic myomata and adenomyosis has proved to be gold standard in the surgical management [1]. Pure medical treatment showed to be effective on a short or middle term time frame but influences hormonal homeostasis or even potentially provokes severe adverse effects [2]; thereby it couldn't succeed to become the treatment of choice. In the last decades, we could see an evolution in the surgical cancer therapy, from ultraradical surgery with laparotomy, to minimal-invasive techniques as way of entrance, now proceeding to tailored operations with concomitant chemo- or immunotherapy. This individualized concept also seems to be adaptable to the treatment of benign uterine wall diseases. Coming from laparotomy with eventually hysterectomy, reducing the impact on body image by minimal-access myomectomy, newer even less traumatizing possibilities are emerging. Besides the uterine artery embolization, bearing the risk of a major uterine necrosis, a more selective non-surgical therapy has emerged.

In Asia numerous centers have successfully completed therapy of symptomatic fibromata by high-frequency ultrasound ablation. Also in urological diseases, positive European experiences have been published [3]. In sedation, after localizing the myoma by diagnostic echography, eventually combined with a preoperatively

performed MRI, the tumor is destroyed by therapeutic ultrasound. This allows to avoid any cutting interventions and leaves the complete management in the hand of the gynecologist. The highest experience comes out of China, Singapore, Korea, Taiwan, and seems promising, also for Europe. Therefore, the European Society for Gynecological Endoscopy with over 6,000 members in more than 70 countries has inaugurated a working group to evaluate this technique, especially for European women. The safety profile and long-term efficacy will be evaluated and documented, to allow further distribution of this promising technique.

As reduced trauma is leading to enhanced quality of life, every possible improvement in medicine should be carefully evaluated to allow further improvement of patient care.

References

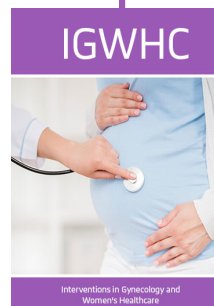
1. Herrmann A, De Wilde RL (2014) Laparoscopic myomectomy- the gold standard. *Gynecology and Minimally Invasive Therapy* 3(2): 31-38.
2. Mozzanega B (2021) Ulipristal acetate and liver injuries. *Journal of Hepatology* 74(3): 748-760.
3. Prachee I, Wu F, Cranston D (2021) Oxford 's clinical experience in the development of high-frequency ultrasound therapy. *Int J Hyperthermia* 38(2): 81-88.



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