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Ultrasound-Guided Microwave Ablation of a Symptomatic
FIGO 3 Uterine Myoma in a Perimenopausal Woman:
First Case Report in the Philippines

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Background/Objective

Symptomatic large FIGO type 3 myoma present difficulties in management with heavy menstrual bleeding (HMB) and discomfort requiring either open or minimally invasive surgery. Microwave ablation (MWA) is an ultrasound-guided minimally invasive procedure that provides localized thermal necrosis, offering a potential alternative to hysterectomy.

This 1st case report in the Philippines is a case of a 53-year-old female with a posterior FIGO 3 myoma treated via ultrasound-guided MWA.

Case Presentation

A 53-year-old G0 female presented with symptomatic enlarged uterus with on and off HMB and intermittent abdominal pain. Transvaginal ultrasound confirmed the intramural location with endometrial encroachment. Given the patient's desire for minimally invasive option and uterine preservation, ultrasound-guided percutaneous microwave ablation was performed. The procedure was completed under general anesthesia without complications.

Outcomes

Postoperative course was unremarkable, and the patient was discharged after 12 hrs. Follow-up imaging at 1,3, 6 months revealed significant reduction of in the maximum diameter from 8cm to 5cm and volume of the myoma, with complete non-perfused volume (NPV) noted on ultrasound. The patient reported significant symptom improvement, no palpable mass and no HMB and improved quality of life at 6 months.

Conclusion

Ultrasound-guided microwave ablation is a safe, effective, and minimally invasive uterus-sparing option for FIGO type 3 uterine myomas in perimenopausal women. This approach offers significant symptom alleviation and reduction in lesion volume, serving as a viable alternative to surgical removal in suitable candidates.

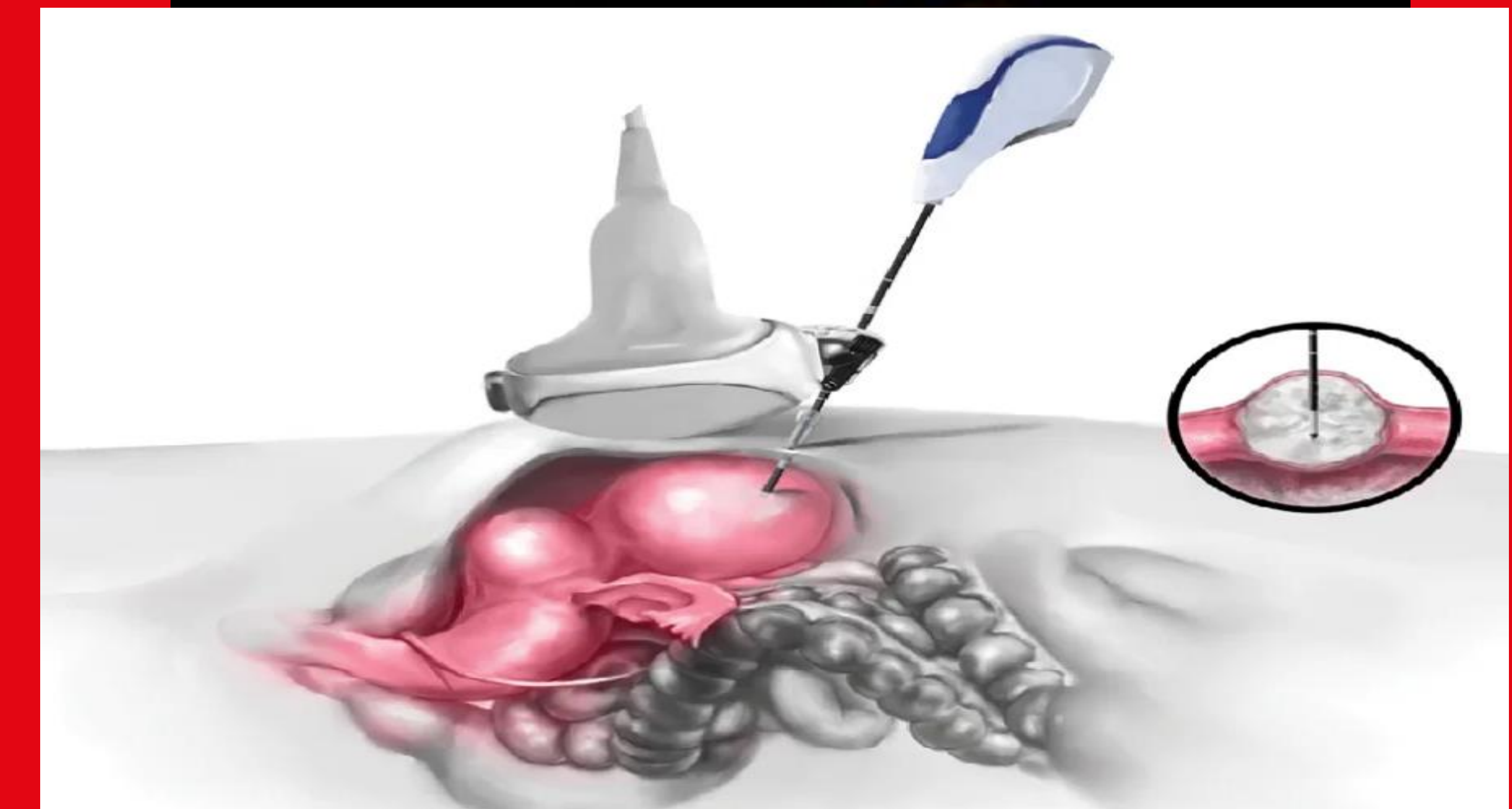


Figure 1. Diagram of Percutaneous Microwave ablation



Figure 2a pre-intervention 2D and Color Doppler ultrasound mapping



Figure 2b. Preintervention needle guide for myoma

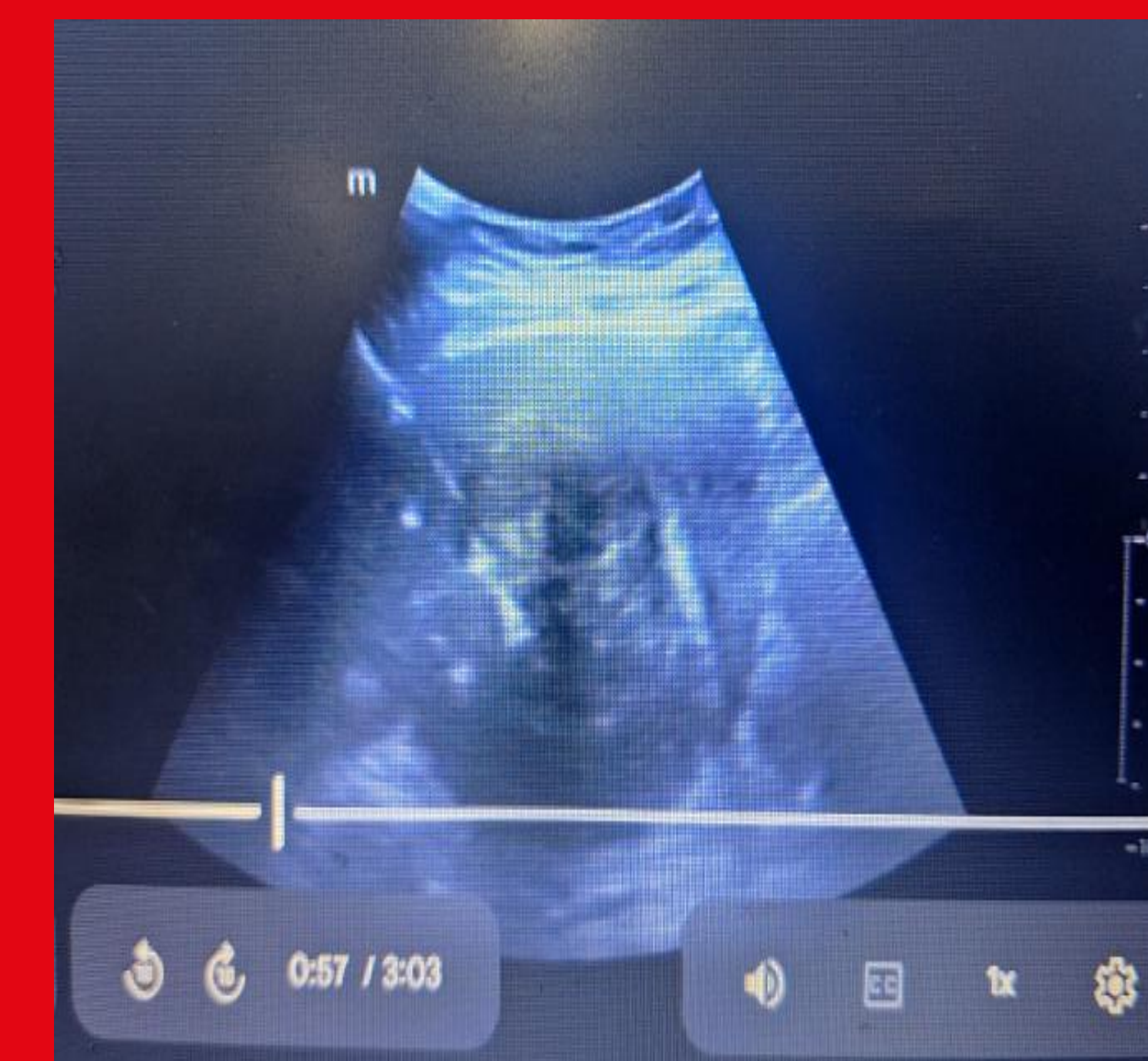


Figure 3a Intraoperative MWA antenna use



Figure 3b. Myoma post MWA with Color Doppler studies