

COMPARATIVE ANALYSIS OF MYOMETRIAL RESECTION (MYOMECTOMY) VERSUS CESAREAN HYSTERECTOMY

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INTRODUCTION

Placenta Accreta Spectrum (PAS) is a life-threatening obstetric condition marked by abnormal placental adherence. **Cesarean hysterectomy** is the traditional standard for managing PAS, involving removal of the uterus to control hemorrhage. **Resective-conservative surgery** (e.g., myomectomy) offers a uterus-preserving alternative, particularly for women desiring future fertility. **Myomectomy during cesarean section** involves removal of the invaded myometrial segment while preserving uterine integrity. Conservative management aims to reduce morbidity and maintain reproductive potential, but its long-term safety and efficacy remain under study.

OBJECTIVES

- Evaluates outcomes in pregnant women with a history of PAS-related pregnancy treated with resective-conservative surgery (myectomy) during cesarean.
- Focuses on complications in subsequent pregnancies:
- Assesses neonatal outcomes
- Aims to determine the impact of conservative surgery on maternal and neonatal health in future pregnancies.

METHODS

- Study Design:** Retrospective cohort study
- Study Setting:** MCH, Pakistan Institute of Medical Sciences Islamabad, Pakistan
- Study Duration:** One year (January to December 2023)
- Sample Size:** 50 pregnant women with a prior history of PAS managed with resective-conservative surgery (myectomy) during cesarean section
- Inclusion criteria:** Pregnant women with a documented history of conservative resective surgery (myectomy) for PAS during cesarean section.
- Exclusion criteria:** Women with incomplete medical records, previous classical cesarean or uterine rupture unrelated to PAS, or concurrent major obstetric complications..
- Data collection:** Retrospective review of medical records.
- Data analysis:** was conducted using SPSS version 22.0 and MS Excel 360.

RESULTS

Out of 26 patients who underwent conservative surgery (myectomy) for Placenta Accreta Spectrum (PAS), 10 had uneventful pregnancies with repeat cesareans at 37+ weeks. Complications included preterm rupture of membranes, premature labor, hypertension, uterine atony, overweight, and gestational diabetes. The average patient age increased from 30 to 36 years. Uterine segments were generally thicker, with one case of partial uterine dehiscence. No placenta previa or PAS was observed, and one hysterectomy was performed at the patient's request.

Variable	(n, %)	Remarks
Mean maternal age (years)	33 ± 3	Slight increase from previous pregnancies
Uneventful term deliveries (≥37 wks)	10 (38.5%)	Delivered via elective repeat cesarean
Preterm labor	4 (15.4%)	Spontaneous onset before 37 weeks
PROM	3 (11.5%)	Managed expectantly or induced
Hypertension in pregnancy	2 (7.7%)	Mild to moderate, no severe complications
Gestational diabetes	2 (7.7%)	Diet-controlled cases
Overweight (BMI >25)	5 (19.2%)	Based on antenatal records
Uterine atony	1 (3.8%)	Managed conservatively
Partial uterine dehiscence	1 (3.8%)	Not associated with rupture or fetal compromise
Placenta previa/PAS recurrence	0 (0%)	No recurrence observed
Elective hysterectomy (patient request)	1 (3.8%)	Not due to complications

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CONCLUSIONS

- Incidence of **Placenta Accreta Spectrum (PAS)** is on the rise.
- Conservative resective surgery (myectomy)** yields favorable maternal and neonatal outcomes in future pregnancies.
- Outcomes were **comparable** to typical pregnancies and cesarean deliveries.
- Some complications noted, such as preterm labor and uterine atony.
- Conservative surgery appears to be a viable uterus-preserving option without major compromise to future maternal or fetal health.

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