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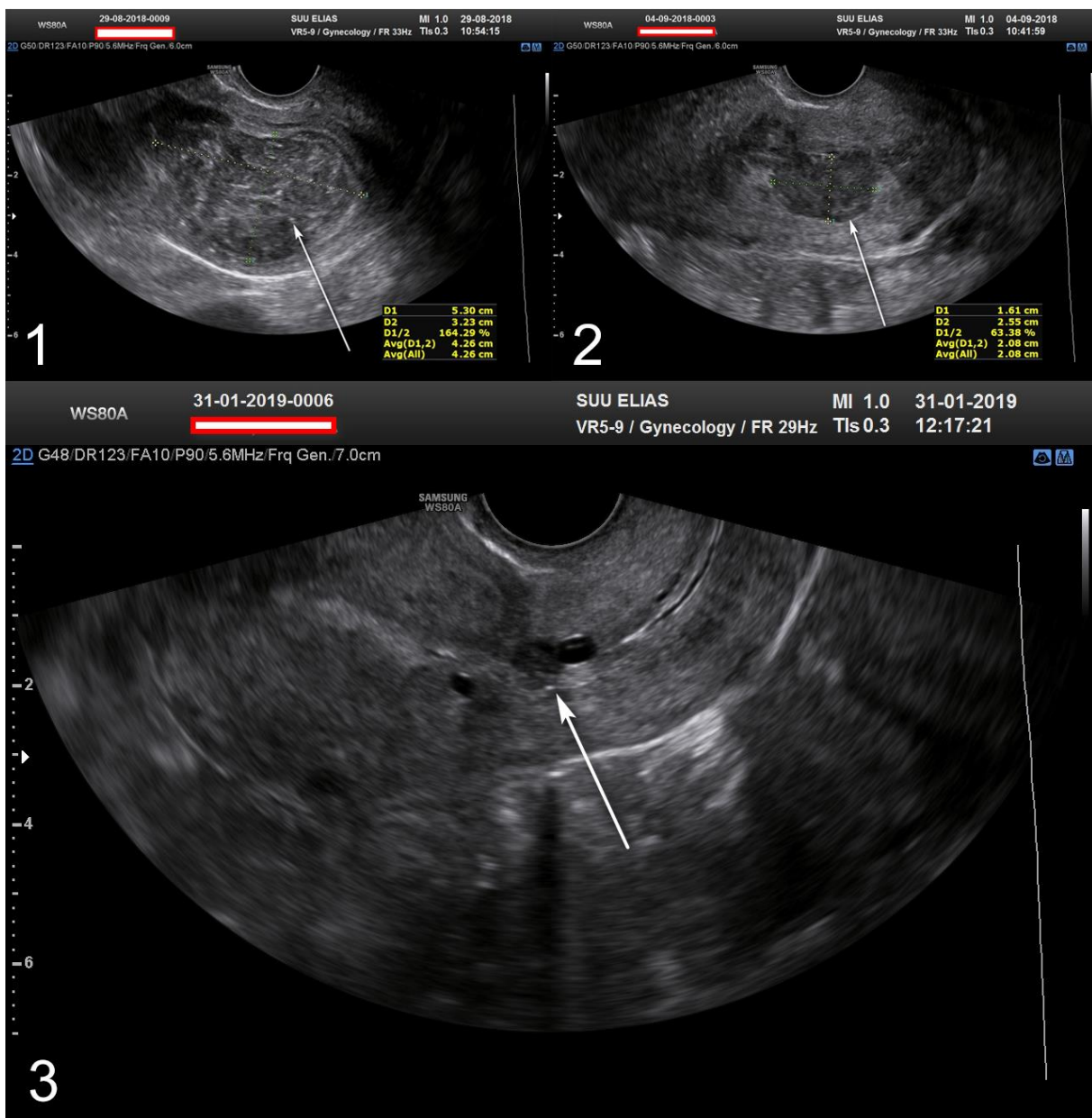
SINGLE-STEP HYSTEROSCOPIC MYOMECTOMY OF A LARGE TYPE 2 UTERINE FIBROID

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Hysteroscopic myomectomy is considered now the gold standard for the removal of intrauterine myomas. We present here the case of a 41-year-old woman with menorrhagia and severe dysmenorrhoea. On ultrasound, both ovaries had a normal appearance, and a solid mass of 53/32,3 mm was evident inferiorly on the posterior wall (Figure 1). The mass was well-defined, broad-based, hypoechoic, and over 50 % of it developed within the uterine wall. A traditional resectoscopic surgery was proposed to the patient. The excision was carried out with the technique of slicing. The surgical procedure was considered finished when the myometrium and its fasciculate structure was visualized. One week postoperatively, on ultrasound, a 16,1/25,5 mm, well-circumscribed mass, without Doppler signal, with heterogeneous aspect (Figure 2), was evident, suggesting the presence of a clot. The clot occupied a gap in the posterior uterine wall. Four months later, the posterior uterine wall had a completely normal appearance (Figure 3). Thus, we may conclude that the complete resection of the myoma was achieved after a single step procedure, despite the large extension of the intramural component.

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Pages: 3-4

