

Long-term outcome of uterine artery embolization of leiomyomata.  
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**OBJECTIVE:** To determine the long-term outcome from uterine artery embolization for leiomyomata. **METHODS:** In a prospective study, 200 consecutive patients treated with uterine embolization were each followed for 5 years. Outcome, including symptom status compared with baseline, reinterventions, menstrual status, and satisfaction were recorded. Summary statistics were used to report baseline characteristics and outcome at each interval. Predictors of subsequent interventions, failure, and satisfaction with treatment were analyzed using logistic regression and Cox proportional hazards models. Failure was defined as subsequent hysterectomy, definitive myomectomy, repeat embolization, or failure of symptom improvement at the patient's final follow-up interval. **RESULTS:** Of the 200 patients initially treated, 5-year follow-up was completed in 182 (91%), with 18 patients missing. At 5 years after treatment, 73% had continued symptom control, whereas 36 (20%) had failed or recurred. There had been 25 hysterectomies (13.7%), 8 myomectomies (4.4%), and 3 repeat embolizations (1.6%). Long-term failure was more likely in those not improved at 1 year (relative risk [RR] 5.73; 95% confidence interval [CI] 2.32-14.12,  $P < .001$ ) and in those with baseline leiomyoma volumes greater than the median (RR 2.18; 95% CI 1.05-4.51,  $P = .036$ ). After adjustment, patients in the first tertile of leiomyoma volume reduction ( $\leq 30.5\%$ ) were 3 times more likely to be dissatisfied with outcome compared with women in the third tertile ( $\geq 56.3\%$  volume reduction) (RR 3.23; 95% CI 1.07-9.81,  $P = .037$ ). **CONCLUSION:** Uterine embolization provides durable symptom relief for most patients, with a 25% chance of failure of symptom control or recurrence over the course of a 5-year follow-up. **LEVEL OF EVIDENCE:** II-3.