HHS Public Access

Author manuscript

Obstet Gynecol. Author manuscript; available in PMC 2016 March 01.

Published in final edited form as:

Obstet Gynecol. 2015 March ; 125(3): 739–740. doi:10.1097/AOG.0000000000000710.

In reply.

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We would like to thank Drs. Pluchino, Wenger, and Petignat for their comments on our article and agree myomectomy is an important fertility-preserving and uterine-sparing procedure.⁽¹⁾ Most myomectomies performed by minimally invasive techniques, whether laparoscopically, vaginally, hysteroscopically, or through mini laparotomy, require some form of tissue fragmentation for removal; however, not all require electromechanical morcellation. That is, myomas may be fragmented using a scalpel, with or without a containment system, which may mitigate the risk of tissue dissemination. As with myomectomy through a laparotomy, none of these approaches obviate the small risk of the presence of occult sarcoma, and the potential risks of tissue disruption.

Indeed, further research is required to better quantify the specific risks of an occult malignancy in young, reproductive-aged women who typically undergo myomectomies. Population-based investigations on the prevalence of occult sarcomas and associated risk factors are needed, allowing for appropriate patient selection and counseling. Furthermore, improved understanding of the affects and outcomes of tissue disruption are necessary, as well as prospective data regarding the clinical affects of contained morcellation.

Certainly, the stigmatization of myomectomy, an important uterine-sparing treatment option, is a truly unfortunate consequence of the current controversy regarding electromechanical morcellation. Definitive systems for data collection are mandatory for gathering accurate and reliable information, which will allow clinicians to make educated decisions based on scientific research, rather than fear of the unknown.

References

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Financial Disclosure: The authors did not report any potential conflicts of interest.