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Biography

Mohamed Hosni is a Consultant Obstetrician and Gynaecologist at Imperial College Hospitals in London, with over 25 years of experience. He is a very experienced laparoscopic surgeon, with international reputation in minimal access surgery and endometriosis. He has a broad clinical research background and has collaborated with numerous doctors and scientists on different projects in Obstetric and Gynaecologic research. He has presented both nationally and internationally, have several peer-reviewed publications in scientific journals. He completed MD, MSc, and he is currently a member of the Royal College of Obstetricians and Gynaecologists. He is a firm believer in a patient-centred approach, personalized on an individual basis. He is entirely dedicated to his profession. He places a significant importance on taking time to listen to each patients' specific needs and providing them with a thorough explanation of their treatment options.

Pregnancy Outcome After Uterine Artery Embolization For Uterine Adenomyosis: A Systematic Review And Meta-Analysis

Abstract

Background: Uterine adenomyosis involves the growth of endometrial gland and stroma within the uterine musculature. Patients, with uterine adenomyosis, experience heavy painful periods, deep dyspareunia and subfertility, reducing their overall quality of life. Hysterectomy is usually the recommended treatment for such patients. Whilst Uterine Artery Embolisation (UAE) offers a suitable, fertility-preserving alternative, for patients who have not completed their families, its impacts on pregnancy outcomes have not yet been explored or studied in women with pure adenomyosis.

Aim: To assess pregnancy and live birth rates in women with pure adenomyosis, treated with UAE.

Methods: A comprehensive systematic review of the published literature, in Pubmed, Embase, Cochrane, Google Scholar, Scopus and ClinicalTrials.gov, was performed from January 2000 until January 2025. All the published and unpublished literature in English language, describing pregnancy outcome after uterine artery embolization for pure uterine adenomyosis, were eligible for inclusion in the study. Data about preconception characteristics, pregnancy, obstetrics and neonatal outcomes were extracted and analysed according to the study design source and pregnancy viability.

Results: We identified nine papers, with a total cohort of 611, 139 desiring fertility. Women were aged 18–52, with a mean follow up of 46.3 months after UAE. We concluded a pregnancy rate of 37.9% (n=35) and a live birth rate of 69.2% (n=26) in this cohort. Of these, 7 studies reported obstetric and/or neonatal complications, including preterm, premature rupture of membranes, haemorrhage during delivery, low birth weight and neonatal deaths.

Conclusions: The pregnancy and live birth rates, after UAE for pure uterine adenomyosis, are comparable to IVF clinical success rates. Uterine Artery Embolization provides a foundation for further studies and research, directly assessing pregnancy outcomes and indirectly assessing the fertility potential in women with pure adenomyosis, with the potential to influence uterine adenomyosis treatment guidelines. Future research should explore both pregnancy outcomes as well as fertility markers to differentiate the direct effects of UAE on pregnancy, as opposed to other confounding factors.