

The Endurance of Dr. Guido's Team Should Motivate More Physicians

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The uncommon diseases described in books are more fascinating for the majority of the medical personnel compared to the day-to-day pathologies they encounter in the clinic. The same goes for the public in our opinion. An example of such 'dull' medical condition is the uterine fibroid or myoma. As far as myomas are concerned, even though up to 80% of the women are affected, just 25% of them realize how deeply their lives are influenced by this condition when the symptoms become unbearable [1]. A sympathetic gynecologist sees beyond the great range of symptoms and imaging results by integrating the patients' quality of life in the equation, resulting into a perfect personalized treatment and optimized follow-up.

This study was refreshing to read and really stands out from the multitude of other works regarding the treatment of myomas due to the teams perseverance with regards to the patients' postoperative quality of life. A second strong point is the fact that it is multicentric thus gathering heterogenic results that can be generalized to a greater scale. As a third point of discussion we will approach the idea of fertility post-RFVTA as this method preserves the uterus offering the possibility of future childbearing.

A quick search will reveal a great number of articles about the operative outcomes: immediately after surgery (equipment feasibility, blood loss, length of hospital stay) [2], shortly after at 12 weeks [3] with focus on the size reduction of the tumors and its implications in reducing the main symptoms or at a 1 year follow-up [4] where the focus is again on the results of the technique. The patients' quality of life is either second placed or not mentioned. Often the new technique is praised and recommended to patients on the base of the limited data obtained from a short observation [3,4], leaving it to the later studies to prove the lack of long term efficacy [5]. The idea that comes to mind is one that we, in the medical world, often discuss: does the surgeon treat the disease or does (s) he treat the patient?

Dr. Guido's team approaches a neutral and objective opinion about the radiofrequency volumetric ablation of uterine fibroids. The technique is outstanding of course, but in the present study it is modestly promoted just as a therapeutic option for myomas. It 'met the needs of the study patients'. There were no comparisons with any other treatment options made, however the authors stated, what we personally find to be a golden rule in medicine, that '[...] it is important to track the outcomes of new procedures to confirm the durability of the treatment'.

Rarely do we personally find results of follow-ups after the study is completed. This study compares the 2-year follow-up to the 1-year results, emphasizing the impact that perseverance regarding patients monitoring has on evaluating a new technique. The 6 patients underwent re-intervention surgeries after 14 months making the success rate of the RFVTA 100% at 1-year and 95.2% at 2-years. This information benefits primarily the patients. By knowing there is a risk of a second surgery, even hysterectomy, women can take an informed decision. The study reported that concerns regarding the symptoms have changed the most while the expectation of a better sexual function the least. Having in mind these factors, plus the lack of future childbearing wishes, we can expect that more women will find hysterectomy a choice less unfortunate, just to avoid re-intervention after one year and never having to deal with the same symptoms again.

We are looking forward for the results of the 3,4-10-years follow-up. The satisfaction of the patient is fundamental when evaluating a medical procedure. Taking an active role and periodically taking an interest in the patient shows that medicine is centered on their well-being.

Having in mind that medicine should evolve primarily in the interest of the patient we shall discuss the technique being used in Dr. Guido's study in a country in which we had to deal with its medical system as students: Romania. RFVTA has been used now for over two decades [6] in the treatment of both benign and malign tumors. It is still a new technique in some countries mainly due to the lack of funds and the lack of experts. In 2010 Dr. Guido's team were laying the grounds for a multicentric study while in Romania only two of such devices were being used to treat myomas by two different doctors in two private clinics [7]. In this circumstances a similar study in Romania would not have had so fast results. Referring to the present study, being multicentric, we can safely extrapolate the results to countries like Romania which are using this technique sporadically.

The discrepancy between medical centers is also seen by other surgeons even in the United States. It would seem there is a competition between university hospitals (in which the present study is performed) and community hospitals in completion of studies [2]. Reading some of the articles published by community hospitals one may sense an immense sense of pride and achievement, much like children winning a soccer game. On this note we are looking forward to reading about the success of RFVTA use as far as quality of life is concerned in the treatment of myomas in smaller medical centers, taking Dr. Guido's study as a role model.

One of the reasons why studies evaluating this procedure are not performed into smaller hospitals, especially in countries where the health system is poorly funded, as Romania, is the price for: the equipment and the training of personal. Few reviews analyze the costs of various treatments for myomas as they differ from land to land and from hospital to hospital. We, as doctors, would like not to ever think of costs when treating our patients but unfortunately we do not have unlimited resources. Regardless of the price, balancing the benefits and costs, the minimal invasive procedures have gained worldwide patients' acceptance. RFVTA is relatively cheap in comparison [8] with a relatively short learning curve [9] and with an influx of patients willing to undergo it, the hospital will rapidly regain its initial investment.

The last point of discussion is a sensitive topic for both doctors

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and female patients: fertility after RFVTA. We would like to remind all that future childbearing wishes was an exclusion criteria for this study. A reason is not given but two come to mind: the uncertainty that the procedure will 100% preserve fertility or the risk that becoming pregnant post-RFVTA has an increased chance of leading to uterine rupture. Studies mention women being able to get pregnant after RFVTA and even carry the pregnancy without complications [10]. As for the risk of uterine rupture all interventions on the uterus carry their own risk, including the most common used procedure: the caesarean section [11].

To conclude we would like to give appreciation to the perseverance of Dr. Guido's team with the Halt study as patients well-being is of great value. RFVTA, being an uterine preservation method, not only improves the patients' quality of life by relieving concern but it also allows the women to hang on to a part of their body that give them a sense of self [12]. We are looking forward to the results of the 3-year evaluation and to seeing the RFTVA technique being used to treat myomas in many other smaller medical centers.

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