

Gynecology and obstetrics monitor many clinical areas, which are very complex and not only medical side of things.

Uterine myomatóza between such areas undoubtedly belongs. In the last time monitor several important phenomena occurring at the same time, giving rise to many questions.

In recent years we have witnessed not only the rising birth rate but also shift to higher fertility age groups. According to data from 2007 significantly increased the number of pregnancies after twenty-fifth year of age (> 70%) and rapidly increases the fertility of women between 30 and 34 year (35%) [1]. In this age group is also a high incidence of uterine fibroids. We speak a very frequent clinical finding - fibroid is the most common gynecological tumor. It is therefore of considerable morbidity originator.

So there is a growing group of women in roughly the same age, at where there is a fibroid, which are planning pregnancy and pregnant more often not. Symptomatic myoma is obviously an indication for its removal through various treatment modalities including surgical therapy.

The result is a subgroup of patients who need to predict subsequent course of pregnancy, including mode of delivery, to analyze