

FIBROIDS (Myoma; Leiomyoma)

It is an abnormal growth of cells in the muscle layer (myometrium) of the uterus. Uterine fibroids are common and almost always benign (not cancerous). Fibroids range in size from very tiny to the size of an orange or larger.

TYPES (based on location in the uterus)

- Subserous which appear on the outside of the uterus.
- Intramural, which are confined to the wall of the uterus.
- Submucous which appear inside the uterus.
- Pedunculated fibroids, which are attached to the uterine wall by stalks.
- Cervical type, which is very rare.

SYMPTOMS AND SIGNS

- Some may not notice it (no symptoms). Therefore, this may only be discovered on a pelvic examination.
- Frequent menstruation, with possibly heavy bleeding, occasionally with large clots and discomfort.
- Bleeding between periods.
- Pressure symptoms - feelings of pressure on the urinary bladder, rectum or spine. Pressure on the bladder will cause frequent urination (frequency)
- Anemia (weakness, fatigue and paleness) due to excessive menstrual bleeding.
- Infertility (difficulty in conceiving)
- Painful sexual intercourse or bleeding after intercourse (rare).
- In many women, more than one fibroid is usually present.

CAUSES

Exact cause is unknown. Oestrogen is required for their stimulation and growth, as fibroids are rare in prepubertal girls or postmenopausal women.

RISK FACTORS

- Genetic factors. Fibroids are 3 to 5 times more common in black women than in white women.
- Family history of fibroids.
- Diet high in fat and/or obesity may be a risk.

PREVENTIVE MEASURES

Cannot be prevented at present.

POSSIBLE COMPLICATIONS

- Heavy bleeding and anemia.
- Complications can occur in pregnancy such as spontaneous miscarriage (usually associated with the submucous fibroids type), premature labor (usually associated with large fibroids), and placental separation (abruption) may occur when the placenta overlies the fibroids. With a large fibroid, foetal growth may be at risk because blood flow is diverted from the fetus to the fibroid.
- Recurrence of fibroids following surgery to remove them.
- Pelvic pain if they outgrow their blood supply (called degeneration). Pain lasts days to a week

or more.

- Malignant change in the fibroids (occurs in less than 0.5%). This rare complication is usually signaled by very rapid growth.

INVESTIGATION

Diagnostic tests may include laboratory blood studies, ultra-sound scan of the uterus, hysteroscopy (the telescope instrument is inserted through the vagina to look inside the uterus); saline infusion sonohysterography (ultrasound scan of the uterus after instillation of fluid into uterine cavity) and endometrial biopsy.

TREATMENT

- Treatment is not required if there is no symptoms attributed directly to the fibroids or if the symptoms are mild and can be controlled with medications.
- Medication can help ease the symptoms, but will not cure fibroids.
- A combination of nonsteroidal anti-inflammatory drugs, birth control pills (combined oral contraceptives), or cyclic progestins may be prescribed.
- Iron supplements is given if you are anemic from excessive blood loss.
- A gonadotropin-releasing hormone may be given in those with excessive bleeding or while waiting for surgery. It will induce an abrupt, artificial menopause that will stop the bleeding and reduce the size of the fibroid. In general, this therapy is not used for longer than 3 months and given prior to surgery.
- Fibroids usually decrease in size without treatment after menopause. However, it will not totally disappear.
- Fibroids can be removed surgically when they cause excessive bleeding or pain, produce symptoms that interfere with conception or pregnancy. Several surgical options are available. Hysterectomy is surgery to remove the uterus; a myomectomy removes only the fibroids.
- Non-surgical option is the Uterine fibroid embolization (UFE), also called uterine artery embolization (UAE). It is a procedure that treats all fibroids in the uterus by cutting off the blood flow (embolize).
- Blood transfusions may be needed to correct anemia, before, during or after the surgery.
- Treatment should be individualized, depending on symptoms and diagnostic tests, location and size of the fibroids, your general health and desire for future pregnancies.
- For minimal symptoms, no treatment may be needed and you will be re-examined at 3-6 month intervals. Keep a record of dates of bleeding and number of pads used each day.
- There is no special diet for women with fibroids. Consider a weight loss diet, if obesity is a problem.

Disclaimer

This is for informational purposes only and is not intended to be a substitute for professional medical advice, diagnosis, or treatment. It is important for readers to seek proper medical advice when necessary.

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