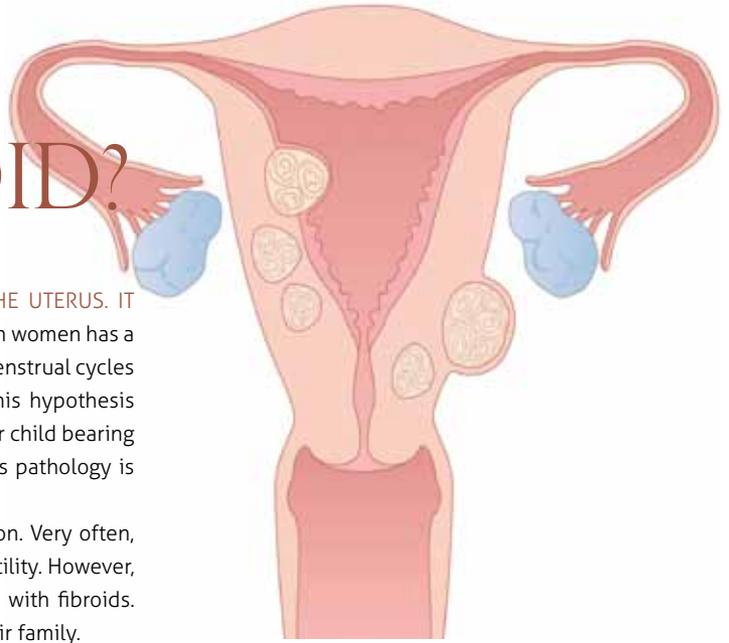


WHAT IS UTERINE FIBROID?



UTERINE FIBROID IS THE MOST COMMON BENIGN TUMOUR OF THE UTERUS. IT arises from the fibromuscular tissues of the uterus, and its presence in women has a constitutional and genetic basis. The onset of puberty with regular menstrual cycles promotes its growth and progression as a pathology in women. This hypothesis holds true as uterine fibroids do afflict young adults even before their child bearing years. A family history of mother and her daughters affected by this pathology is not uncommon.

The association of uterine fibroids and infertility is fairly common. Very often, fibroids are diagnosed when patients are being investigated for infertility. However, pregnancies do occur and progress normally even in uteri crowded with fibroids. Moreover, fibroids affect women even after they have completed their family.

It is comforting to know that most fibroids are benign, and therefore amenable to treatment with no long term consequence to the affected women.

All fibroids that are symptomatic require treatment. The symptoms associated with uterine fibroids are varied and are largely dependent on size and site of the fibroids. The sites of the fibroids are probably more instrumental in causing symptoms, as some very large fibroids on the surface of the uterus can be totally asymptomatic.

Common symptoms include heavy menstruation with/without symptoms of anaemia, dysmenorrhoea, abdominal pain, and pressure symptoms caused by large fibroids pressing on adjacent organs. Frequent urination or retention of urine can result from a large fibroid pressing on the urinary bladder – to give an example.

The definitive treatment of uterine fibroids depends on many factors, chief of which are age, site and number of fibroids, need for childbearing, and social factors.

Surgery is the main stay of treatment and may be conservative or definitive. Conservative surgical treatment consists of hysteroscopic transcervical resection of submucous myoma (TCRM) and myomectomy. The latter can be achieved either by laparotomy or laparoscopy (key hole surgery). Robotic assisted laparoscopic myomectomy is offered by a very few gynaecologists, but in the author's view, offers no advantage to good standard laparoscopy (without a hefty increase in cost). Conservative surgery is advised in young patients where child bearing is important or in women where social reasons require it so.

The oral contraceptive pill, the Mirena IUCD, and injections of GnRH analogues are sometimes used as adjunctive treatment after conservative surgery.

Hysterectomy is the definitive treatment of uterine fibroids as it prevents recurrence of the pathology, which occurs with the former approach. As such, it is advised only in women who have completed their childbearing. Sometimes when the fibroids are so large and many, and symptoms severe, hysterectomy



may be the only choice – even in a young woman.

Hysterectomy can be carried out by laparotomy (time honoured) or laparoscopy. A partial or subtotal hysterectomy is sometimes preferred by women. In this surgery, the fibroid bearing part of the uterus is removed with retention of the cervix. Again, robotic assistance is offered by a very few gynaecologist for these procedures. The same argument as for myomectomy applies.

There is a form of conservative treatment of fibroids which made headline news several years ago when the former Secretary of State of the USA, Condoleezza Rice, underwent treatment for multiple fibroids. This is Uterine Artery Embolisation (UAE), where the blood supply of the fibroids are identified under radiological fluoroscopy and occluded, leading to degeneration of the fibroids. There are pros and cons and indications to this treatment, but this is not the avenue to discuss it.

Though most cases started as benign, there is a small percentage of fibroids that are cancerous. Whether they are cancerous from the onset, or a benign fibroid turning cancerous is undetermined. They usually occur in women above 60 years of age. Surgery is the only treatment. Chemotherapy is unreliable. Unfortunately, the spread of the cancer occurs early and via the blood stream, and a fatal outcome is inevitable. ■