



**Dr. Krina Parekh DGO, DNB**  
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Obstetrics • Gynaecology • Infertility

✉ [dr.krina.parekh@gmail.com](mailto:dr.krina.parekh@gmail.com)

☎ +91 98208 52799

## Fibroids

These are most common benign tumours of uterus in women.

Fibroids start in the muscle tissues of the uterus. They can grow into the uterine cavity (submucosal), into the thickness of the uterine wall (intramucosal), or on the surface of the uterus (subserosal) into the abdominal cavity. Some may occur as pedunculated masses (fibroids growing on a stalk off of the uterus).

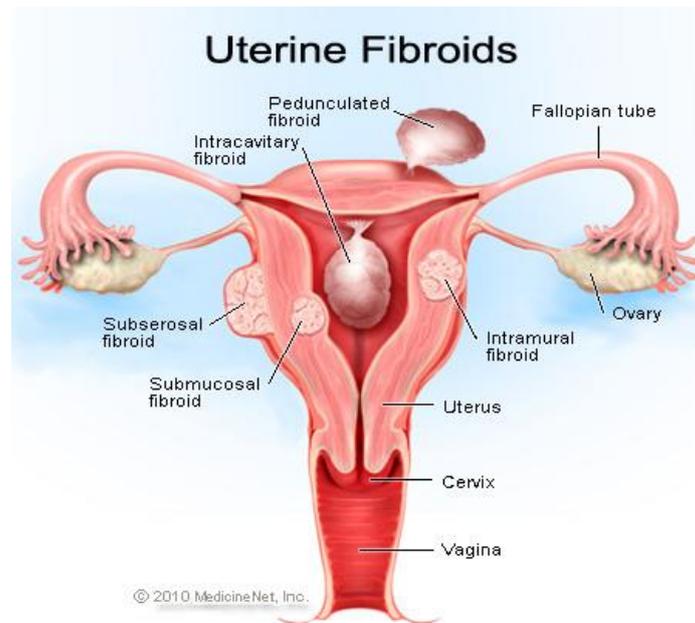
They may grow as a single tumor or in clusters. Uterine fibroids can cause excessive menstrual bleeding, pelvic pain, and frequent urination.

These growths occur in up to 50% of all women and are one leading cause of hysterectomy (removal of the uterus). Medications and newer, less invasive surgical treatments are now available to help control the growth of fibroids.

Although these tumors are called fibroids, this term is misleading because they consist of muscle tissue, not fibrous tissue. The medical term for a fibroid is leiomyoma, a type of myoma or mesenchymal tumor.

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**The exact cause why some women develop fibroids are unknown.**

Fibroids grow in response to stimulation by the hormone estrogen, produced naturally in the body. These growths can show up as early as age 20, but tend to shrink after menopause when the body stops producing large amounts of estrogen.

Fibroids can be tiny and cause no problems, or they also can grow to weigh several pounds. Fibroids generally tend to grow slowly.

**What are the common symptoms caused by fibroids?**

Many a times, fibroids don't cause any symptoms & are detected on routine examination or sonography. Symptoms also depend on their size and location.

Increased and prolonged menstrual bleeding, known as menorrhagia, sometimes with blood clots is most common and most devastating symptom, causing severe anaemia sometimes.

Painful periods called as dysmenorrhoea is also common.

Pressure on the bladder may cause frequent urination and a sense of urgency to urinate and, rarely, inability to urinate.

Pressure on the rectum, resulting in constipation; pelvic pressure, "feeling full" in the lower abdomen, lower abdominal pain; back ache.

infertility or inability to conceive as fibroids distort the uterine cavity and make implantation difficult.

Recurrent miscarriages are also one of the devastating consequences of fibroids.

## How Are Uterine Fibroids Diagnosed?

A woman's health care practitioner will discuss her medical history and conduct a physical examination that includes a pelvic exam. Often a doctor can feel an irregularly shaped uterus when fibroids are present.

If further studies are indicated, the doctor may choose one of the following tests to help decide if the patient has fibroids and to exclude other and potentially more serious causes of ongoing symptoms:

An abdominal, transvaginal or pelvic ultrasound can help identify the number, size, and location of most fibroids.

A hysteroscopy looks inside the uterus by passing a small fiberoptic camera through the opening of the cervix.

Hysterosalpingography involves injection of dye into the uterus and Fallopian tubes, which is then X-rayed to identify the anatomy of these structures.

Laparoscopy is a surgical procedure. The surgeon will insert a small fiberoptic camera into the abdomen through small abdominal incisions to look directly at internal organs.

## What Is the Treatment for Uterine Fibroids?

Treatment for fibroids depends on the symptoms, the size and location of the fibroids, age (how close the person is to menopause), the patient's desire to have children, and the patient's general health.

Surgical treatment includes removal of fibroids alone termed as myomectomy which could be through open surgery or laparoscopically or hysteroscopically depending on number, size and location of fibroids.

Removal of uterus through open surgery or laparoscopically is the option for women who are nearing menopause or have too many fibroids.

**Medical treatment:** can be given in women who have smaller fibroids with less severe symptoms or who are on the verge of menopause with smaller fibroids.

Also sometimes prior to a surgery hormonal treatment which reduces the size of the fibroids to reduce blood loss during surgery and for the ease of surgery is advised.

Symptomatic treatment to reduce the blood loss and pain during periods is also available.

No medical treatment will remove the fibroids completely from the uterus.

**Newer modalities :**

Uterine artery embolization where the artery supplying blood to the fibroid is identified and is blocked by releasing some plastic gelatin material granules in it through a catheter passed through leg blood vessels. This shrinks the fibroid.

MRI guided focused ultrasonography: in this the fibroid is located with the help of MRI and high intensity ultrasonic waves are delivered to fibroid to kill its cells and eventually reduce its size.