

FIBROID TUMORS OF THE UTERUS

(Myoma; Leiomyoma)



BASIC INFORMATION

DESCRIPTION

• An abnormal growth of cells in the muscular wall (myometrium) of the uterus. The term “fibroid” is misleading. The cells are not fibrous; they are composed of abnormal muscle cells. Uterine fibroids are common and almost always benign (not cancerous). Fibroids range in size from very tiny to the size of a cantaloupe or larger.

• Major types of fibroids include 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 myomas which are attached to the uterine wall by stalks. Rarely, fibroids can involve the cervix.

FREQUENT SIGNS AND SYMPTOMS

- No symptoms (often). May be discovered on a pelvic exam.
- Menstruation is more frequent with possibly heavy bleeding; occasionally with large clots and discomfort.
- Bleeding between periods.
- Feelings of pressure on the urinary bladder, rectum or spine.
- Anemia (weakness, fatigue and paleness).
- Increased vaginal discharge (rare).
- Painful sexual intercourse or bleeding after intercourse (rare).

CAUSES

Exact cause is unknown. Estrogen is required for their stimulation and growth, as fibroids are rare in prepubertal girls or post-menopausal women.

RISK INCREASES WITH

- Use of certain oral contraceptives and estrogen replacement therapy as these stimulate fibroid growth.
- Genetic factors. Fibroid tumors 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, but avoiding the use of female hormones may decrease the risk of growth of fibroids.

EXPECTED OUTCOME

- If there are no symptoms from the fibroids, or with mild, well-tolerated symptoms, usually no treatment is needed.
- Medication can help ease the symptoms, but will not cure fibroids.
- Fibroid tumors usually decrease in size without treatment after menopause
- 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.

POSSIBLE COMPLICATIONS

- Heavy bleeding and anemia.
- Complications can occur in pregnancy such as spontaneous abortion (usually associated with the submucous fibroid type), premature labor (usually associated with large fibroids), and placental separation (abruption) may occur when the placenta overlies the fibroid. With a large fibroid, fetal growth may be at risk because blood flow is diverted from the fetus to the fibroid.
- Fibroids may return following surgery to remove them.

- Leiomyomas can cause pelvic pain if they outgrow their blood supply (called degeneration). Pain lasts days to a week or more.
- Malignant change in the fibroid tumor (occurs in less than 0.5%). This rare complication is usually signaled by very rapid growth.



TREATMENT

GENERAL MEASURES

- Diagnostic tests may include laboratory blood studies; ultrasound; laparoscopy (use of a telescope instrument with fiber optic light to examine the organs inside the abdominal cavity); hysteroscopy (the telescope instrument is inserted through the vagina to look inside the uterus); or hysterosalpingogram (studying the uterus and fallopian tubes by injecting material into the uterus that x-rays can detect), and endometrial biopsy.
- Treatment will 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 3-12 month intervals. Keep a record of dates of bleeding and number of pads used each day.
- Hormonal therapy is often the first step in treatment (to suppress natural hormone estrogen). May be done prior to surgery.
- Surgery may be recommended for certain situations and several different surgical procedures are possible. If surgery is recommended, be sure you understand all aspects of your choices.
- Hysterectomy is surgery to remove the uterus; a myomectomy removes the fibroids.
- Uterine fibroid embolization (UFE), also called uterine artery embolization (UAE), is a nonsurgical procedure that treats all fibroids in the uterus by cutting off the blood flow (embolize).
- Radiofrequency ablation (RFA); or myomacoagulation, sometimes called myolysis, is a laparoscopic procedure in which electric current is used to treat the tumors.
- Cryomyolysis procedure uses a probe which freezes the tumor, causing shrinkage and death of the tumor.
- Blood transfusions may be necessary to correct anemia.

MEDICATION

- A combination of nonsteroidal anti-inflammatory drugs, birth control pills, or cyclic progestins may be prescribed.
- Iron supplements if you are anemic from excessive blood loss.
- A gonadotropin-releasing hormone may be prescribed. 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.

ACTIVITY

No restrictions unless surgery is performed. Then you may need bed rest for a period of time, some restricted activity, and no sexual intercourse for approximately one month.

DIET

No special diet. Consider a weight loss diet, if obesity is a problem.



NOTIFY OUR OFFICE IF

- You or a family member has symptoms of a fibroid tumor.
- Symptoms become more severe in diagnosed fibroid tumors.
- You saturate a pad or tampon more often than once an hour.