Fibroids

(Uterine leiomyomata)

Epidemiology

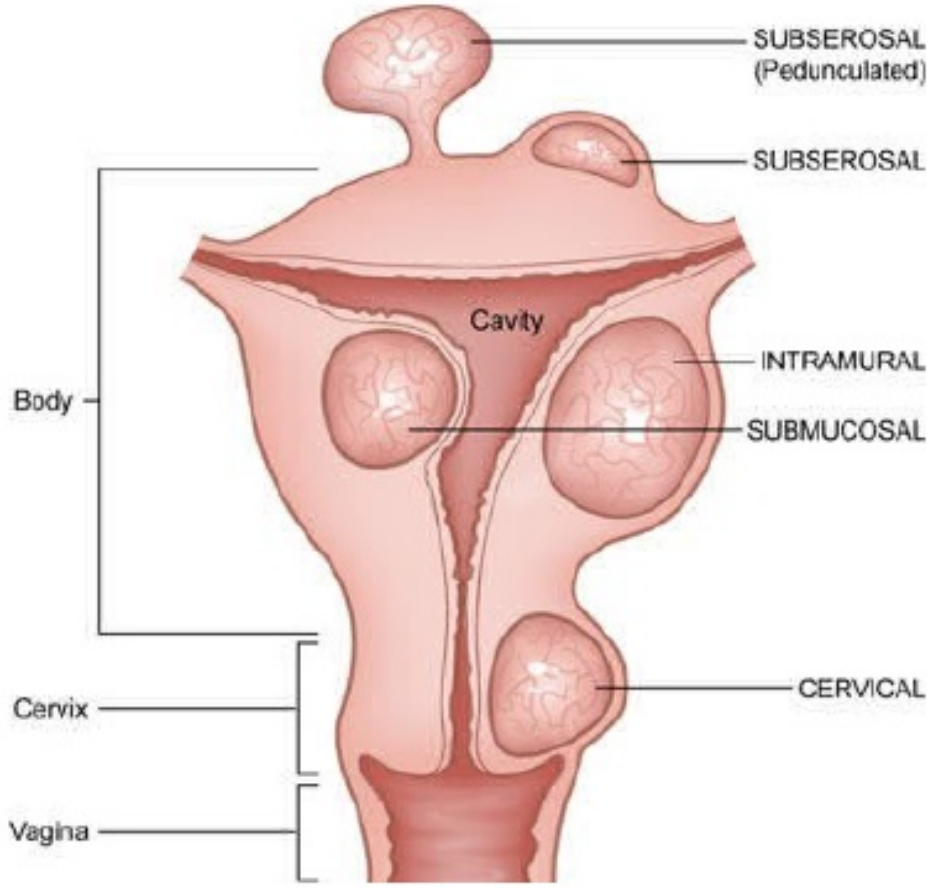
- ≥25% of women
- Perimenopause
- Afro-Caribbean
- Family history

Common

- Parous women
- COCP & injectable progestogens

Less common

Sites of fibroids



Aetiology

- Oestrogen-dependent (probably progesterone)
  - Pregnancy (+/-)
  - COCP(+)
  - Menopause (-)

Symptoms of fibroids

- Menorrhagia (30%)
- Erratic bleeding (IMB) – Submucosal*
- Pressure effects – On bladder / ureter
- Subfertility

Natural history of fibroids

- Enlargement can be very slow
- Stop growing and often calcify after the menopause
- Oestrogen in HRT may stimulate further growth
- May enlarge in mid-pregnancy

Complications of fibroids

Torsion of pedunculated fibroid	• Undergo torsion and cause pain • May tort and infarct during pregnancy
Red degenerations (during pregnancy)	• Thrombosis of the fibroid blood supply • Abdominal pain, uterine tenderness, haemorrhage and necrosis
Malignancy	• Leiomyosarcoma (0.1%)

Fibroids and pregnancy

- Premature labour
- Malpresentations
- Transverse lie
- Obstructed labour
- Postpartum haemorrhage

Investigation

- Ultrasound
- MRI/laparoscopy (to distinguish the fibroid from an ovarian mass/adenomyosis)
- Hysteroscopy/hysterosalpingogram (to assess the distortion of the uterine cavity – fertility issue)
- Haemoglobin concentration (low-vaginal bleeding/high-erythropoietin by fibroids)

Treatment

- Asymptomatic
- Symptomatic → Medical treatment
  Surgical treatment

Medical treatment

- First-line treatment: Tranexamic acid, NSAIDS or progestogens (often ineffective when menorrhagia is due to fibroids)
- Gonadotrophin-releasing hormone (GnRH) agonist (temporary amenorrhea and fibroid shrinkage)

Surgical treatment

- Hysteroscopy surgery: **Transcervical resection of fibroid** (Pretreatment with GnRH agonist – 1-2months to shrink the fibroids, reduce vascularity and thin the endometrium)
- **Myomectomy**: Laparoscopy myomectomy (Risk of developing endometrial cavity adhesions)
- Radical: **hysterectomy** (Pretreatment with GnRH agonist – 2-3months)

Other treatments

- **Uterine artery embolization** (reduce volume of fibroids by around 50%)
- **Ablation** (MRI-guided transcutaneous focused ultrasound)

Uterine artery embolization (UAE)

- **Main indication** – Symptomatic fibroids (HMB, dysmenorrhea, pain, dyspareunia, pressure effects on urinary/GIT)
- **Absolute contraindications**
  - Current/recent genital tract infection
  - Unclear diagnosis
  - Asymptomatic fibroids
  - Pregnancy
  - Where a patient would refuse a hysterectomy under any cirumctances for social or cultural reasons

Complications of UAE (continued)

- Immediate (peri-procedural)
  - Groin hematoma
  - Arterial thrombosis, dissection and pseudoaneurysm

- **Early complications (within 30days)**
  - Post-embolization syndrome (pain, nausea, fever and malaise)

    *mimic infection but it is usually self-limiting
  - UTI
  - DVT
- **Late complications (beyond 30days)**
  - Vaginal discharge
  - Fibroid expulsion and impaction
  - Infection

THANK YOU