

Uterine Fibroids

Overview:

Uterine fibroids, also known as leiomyomas or myomas, are benign growths originating from the muscle tissue of the uterus. They represent the most common pelvic growths in women.

Varieties of Fibroids:

These growths exhibit diverse sizes, shapes, and locations, residing inside the uterus, on its outer surface, within its wall, or attached by a stem-like structure. Fibroids can range from small, pea-sized entities to large, round growths exceeding 5 to 6 inches in width. They may distort both the internal and external aspects of the uterus, occasionally filling the pelvis or abdomen entirely.

Likelihood and Risk Factors:

While fibroids are most prevalent in women aged 30 to 40, they can occur at any age. Notably, they occur more frequently and grow more rapidly in Black women. Factors contributing to these disparities include societal inequities and racism. Additionally, a familial history of fibroids may elevate the risk.

Causes and Symptoms:

The precise cause of fibroids remains unclear, with theories suggesting they develop from misplaced cells present before birth. Hormones, particularly estrogen and progesterone, appear to play a role in their growth. Symptoms of fibroids may include changes in menstruation, abdominal pain, pressure, and complications such as infertility.

Complications:

While most fibroids are non-problematic, complications may arise, such as pain, nausea, or fever if fibroids with a stem twist. Rapid growth or degeneration can also cause pain. In rare cases, fibroids may be associated with cancer.

Diagnosis and Treatment:

Diagnosis:

Routine pelvic exams often reveal initial signs of fibroids. Diagnostic tools include ultrasound exams, hysteroscopy, hysterosalpingography, sono hysterothy, and laparoscopy. Imaging tests like MRI and CT scans are rarely necessary.

Treatment Options:

Treatment necessity depends on symptoms and may involve:

1. Watchful Waiting: For asymptomatic, small fibroids nearing menopause.
2. Medication: Addressing symptoms using hormonal methods or medications like GnRH agonists, antagonists, or progestin-releasing IUDs.
3. Surgery: Myomectomy removes fibroids while preserving the uterus; hysterectomy removes the uterus. Surgical methods include laparotomy, laparoscopy, and hysteroscopy.

4. Other Treatments: Uterine artery embolization (UAE), radiofrequency ablation (RFA), and MRI-guided ultrasound surgery are emerging options with varying degrees of effectiveness.

Conclusion:

Understanding fibroids involves considering symptoms, risk factors, and available treatments tailored to individual needs. Collaborative decision-making with healthcare professionals ensures informed choices aligned with patient preferences and overall well-being.