

UTERINE FIBROIDS

I see roughly one hundred patients a week and one of the most common female conditions that I see is uterine fibroids. These women are either patients of mine or have been referred by other physicians when a fibroid(s) have been discovered on a routine exam or by ultrasound or ct can coincidental to a workup for another unrelated condition. For example, a woman might see her primary care provider for backache or abdominal pain and in the course of the workup a ct scan is done that reveals fibroids of the uterus and so these women are referred to me. They are the most common tumor found in women. The word "tumor" strikes fear in most people but remember that it is from Latin and merely means a "swelling". Women will frequently complain of having a "bunch" in their pelvis and most gynecologists will remember a patient who has mispronounced fibroid of the uterus as a "fireball of the Eucharist". In any event, these tumors never undergo cancerous change (one author says one in ten thousand) but they cause great vexation because of the following symptoms. They still are the most common reason for hysterectomy but the procedure is over done for this condition as rarely is hysterectomy indicated.

They are rarely found in women under twenty five but are generally common in pregnancy. A fibroid is not really fibrous tissue at all but a growth arising from small muscle that comprises the uterus. They tend to grow under the influence of estrogen, which is produced from the ovary and from conversion of other hormones in body fat. As there is increased body fat and increased estrogen in pregnancy they are commonly found. They need not be a problem in pregnancy as long as they are on the outside of the uterus and not on the inside. If on the inside they can inhibit the placenta from growing correctly which can cause miscarriage, premature separation. They can also press into the developing fetus and cause fetal anomalies by exerting pressure on fetal nerves that are needed for normal organ growth. This is extremely rare. If growing on the outside of a pregnant uterus they will cause no harm to the fetus or placenta but do make uterine measurements difficult. They are generally never removed during the pregnancy nor at vaginal or cesarean delivery as they will bleed profusely and once the pregnancy is over and estrogen levels go back to normal, they will shrink.

Fibroids are most common from age 35-menopause as estrogen levels are relatively higher as progesterone levels fall with the cessation of ovulation that marks menopause. These fibroids can be on the outside of the uterus (sub serous), inside the uterus (sub mucous), attached by a thick stalk (pedunculated), wandering around the abdomen (satellite fibroid) or growing like spaghetti into the lymphatic system (stromal myosis). They can be completely asymptomatic or they can cause profound menstrual and intermenstrual bleeding and pain. This pain is characterized as severe cramps and is usually located in the lower back and low pelvis. If pressing into the adjacent organs such as bowel, rectum, or bladder there can be symptoms of constipation, urinary difficulty. The size of fibroids can range from that of a pea to as large as a basketball and the pain does not seem to be related to size but to what it is pressing upon. As mentioned above, they are always benign and need to be removed only under the following conditions: rapid and sudden enlargement that might mean a uterine sarcoma instead of a

fibroid that is dangerously very malignant; inability to examine the ovaries on a pelvic exam because the fibroid is in the way; disabling back or abdominal pain; uncontrolled bleeding. The cause of the bleeding stills needs a workup to rule out other reasons for bleeding such as cancer of the uterine lining, other endocrinological disorders, cancer or precancer of the cervix and vagina. If fibroids are subsequently found to be the cause of the pain and/or bleeding there are several options: 1.) live with it; 2.) conventional abdominal hysterectomy (leaving the ovaries in place to reduce the risk of heart disease and stroke);3.) laparoscopically assisted vaginal hysterectomy where a camera is inserted into the belly button to visualize the pelvic organs, small instruments are used to cut the uterine blood vessels and ligaments and then the uterus is removed through the vagina if not too big to prevent this. 4.) Selective arterial embolization where through a radiological (x-ray) procedure a catheter is threaded to the arteries that nurture the fibroid and material is injected that clots off the blood supply and the fibroid shrinks. This latter option is rarely selected as there are few centers that offer it and it is painful.

If nothing is done and the pain is livable and the bleeding not severe the fibroids will shrink and become calcified as the woman gets older. Again, it must be emphasized that merely having fibroids does not necessitate surgery but a careful and thorough exam and discussion of the risks and benefits of ablative surgery must be done with the woman's physician—that is empowerment.