

FIBROID TUMORS OF THE UTERUS

(Myomas; Leiomyomas)



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). Fibroid size can be very tiny to the size of a cantaloupe or larger. Rarely, fibroids can involve the cervix. 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.

FREQUENT SIGNS AND SYMPTOMS

- Often, no symptoms occur. The fibroids may be diagnosed during a pelvic exam.
- Menstruation is more frequent, with (possibly) heavy bleeding, and (sometimes) passing clots.
- Bleeding between periods.
- Feelings of pressure on the 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. May involve excess estrogen.

RISK INCREASES WITH

- Use of certain oral contraceptives and estrogen replacement therapy, as these stimulate fibroid growth.
- Genetic factors. They occur 3 to 5 times more often in African American women than in white women.
- Family history of fibroids.
- Diet high in fat and/or obesity may be a risk factor.

PREVENTIVE MEASURES

Cannot be prevented at present. Routine pelvic exams can help with early diagnosis and treatment.

EXPECTED OUTCOME

- Treatment is usually not needed when there are no symptoms or the symptoms are mild.
- Drugs can help relieve some symptoms, but will not cure fibroids. Fibroids can be removed with surgery.
- Fibroids may decrease in size after menopause.

POSSIBLE COMPLICATIONS

- Heavy bleeding and anemia.
- Complications can sometimes occur in a pregnancy.
- Fibroids may return after surgical treatment.
- Fibroids may affect fertility.
- Fibroids may become cancerous (about 1 in 1000).



DIAGNOSIS & TREATMENT

GENERAL MEASURES

- Your health care provider will do a physical exam and a pelvic exam. Medical tests may include blood studies and an ultrasound. More specialized tests (laparoscopy, hysteroscopy, hysterosalpingogram, or biopsy) may be done to verify the type of fibroid.
- Treatment will vary depending on symptoms and diagnostic tests, location and size of the fibroids, general health, and desire for future pregnancies.
- No treatment may be needed in cases of mild symptoms. You will be re-examined every 3 to 12 months.
- Hormone therapy, to suppress natural estrogen, is often the first step in treatment or before surgery.
- Surgery may be recommended. Several different surgical procedures are possible. Be sure you understand all aspects of your choices, and the risks and benefits involved. 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. It treats fibroids by cutting off their blood flow.
- Radiofrequency ablation (RFA) or myomolagulation (called myolysis) uses electric current to treat fibroids.
- Cryomyolysis uses a probe that freezes the fibroid.
- Blood transfusions may be needed for severe anemia.

MEDICATION

- A combination of nonsteroidal anti-inflammatories, birth control pills, or progestins may be prescribed.
- Iron supplements may be prescribed for anemia.
- A gonadotropin-releasing hormone may be prescribed. It will induce an abrupt, artificial menopause that stops the bleeding and reduces size of the fibroid.

ACTIVITY

No limits, unless surgery is performed.

DIET

No special diet.



NOTIFY OUR OFFICE IF

- You or a family member has symptoms of fibroids.
- Symptoms become more severe after treatment.

Special notes:

More notes on the back of this page