



**KING SAUD UNIVERSITY MEDICAL CITY  
DEPARTMENT OF OBSTETRICS & GYNECOLOGY  
COURSE 482**

# **UTERINE FIBROIDS**

# DEFINITION

- Benign tumors of muscle cell origin
- They are the commonest pelvic tumors
- Types of Fibroids:
  - ★ Subserosal
  - ★ Intramural
  - ★ Sub mucus
  - ★ Pedunculated
  - ★ Parasitic

# CLINICAL PRESENTATION

- Lower abd. Pain
- Dysmenorrhea
- Pelvic or pelviabdominal mass
- Menorrhagia
- Infertility
- Pressure symptoms

# DEGENERATIONS OF FIBROIDS

- Hyaline degeneration
- Myxomatous degeneration
- Calcific degeneration
- Red degeneration
- Fatty degeneration
- Cystic degeneration
- Necrosis

# FIBROIDS IN PREGNANCY

- ↑ in size
- Can cause obstruction of labour
- Cause ↑ abd. pain
- Should not be removed
- Undergo red degeneration

- Fibroids have ↑ concentration of estrogen receptors
  - - ↑ size the child bearing age
  - ↓ in size around the age of menopause
  - Never diagnosed before the age of puberty

# LOCATIONS OF FIBROIDS

- Uterine body
- Uterine cervix
- Broad ligament
- Parasitic attached to nearby by pelvic organs

# DDX

- Ovarian masses
- Any other pelvic abdominal masses e.g. renal, GT etc.



# DIAGNOSIS

- Clinically by history and examination
- U/S
- CT
- MRI

Remember to R/O other causes for abnormal bleeding like endometrial hyperplasia

# Rx OPTIONS

- Depends on:
  - Age
  - Size
  - Parity
  - Number
  - Location
  - Hx of Previous Rx.

**I - MEDICAL : Deprovera, GnRH  
analogous, Danazol**

**II - SURGICAL : Myomectomy  
Hysterectomy**

**III - RADIOLOGICAL EMBOLIZATION**

- **Recurrence is possible after myomectomy**
- **Malignant transformation (Sarcomatus)**
  - **Age**
  - **Rapid ↑ in size**
  - **< 1%**