



UTERINE FIBROIDS

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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

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- 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 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 vs Hysterectomy

III ~ RADIOLOGICAL EMBOLIZATION

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