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
- Myxtomotous 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 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

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