

A CLINICAL STUDY ON UTERINE FIBROIDS

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Abstract

Background: Uterine fibroids are the most common benign gynecological tumors in women of reproductive age group. They are a common cause of infertility and other women health problems. Uterine fibroids are well prevalent in the Indian subcontinent and pose a challenge to the gynecologists. The aim of this study was to analyze the clinical factors associated with uterine leiomyomas. **Materials and Methods:** This Hospital based Observational study included 100 women with uterine fibroids. Consent was taken from the participants. All the subjects underwent detailed history taking and thorough clinical examination. Necessary investigations were ordered for and interpreted with a vision for complete treatment. Data was collected in MS Excel and presented as numbers and percentages in the form of tables and figures. **Result:** The most number of patients belonged to the age group 41-50 years. More than half of the participants(64%) had a family history of fibroids. Abnormal uterine bleeding was the most common clinical feature followed by pressure symptoms and infertility. Intramural was the most common type of fibroid detected in our study. 61% of the participants had no degeneration. Among the cases with degeneration, Hyaline degeneration was the most common one. All the patients were initially managed on medical drugs, later hysterectomy was done in 63% of patients and the rest 37% patients underwent myomectomy. **Conclusion:** Uterine fibroids are common in the reproductive age groups and cause significant symptoms. They should be suspected in many cases of infertility and pressure symptoms. Early diagnosis and prompt management will prevent the patients in landing in complications.

INTRODUCTION

Uterine fibroids constitute nearly 10% of the tumors in women of reproductive age group and are the most common benign tumors in women of that particular age group.^[1] They are a major cause of infertility, menstrual abnormalities and pose a great challenge to the managing gynecologists.^[2]

Uterine fibroids, also known as uterine leiomyomas are benign tumors of the uterine smooth muscle. Their size varies from approximately the size of marble to the size of a baseball. Larger fibroids have also been reported. They are usually rounded, well circumscribed and have a pseudocapsule covering them. Risk factors of fibroids include black ethnicity, obesity, early menarche, use of oral contraceptive pills, smoking and dietary factors.^[3] Anatomically they can be classified as Intramural, Submucosal and Subserosal types. A FIGO classification with 8 stages is also widely used all over the globe.^[4] Clinical features of uterine fibroids include menstrual cramps, menorrhagia, abdominal pain, rectal pain, bleeding per vaginum and infertility.^[5] The diagnosis of fibroids can be made

based on clinical features, pelvic examination and imaging methods like Hysteroscopy, Hysterosalpingography, Ultrasound and MRI. Management of fibroids includes medical management for symptomatic relief; GnRH agonists; Uterine Artery embolization and surgical treatment Myomectomy or Hysterectomy or Endometrial Ablation.

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MATERIALS AND METHODS

Study Design: The present study was a hospital based Observational study.

Study Setting: This study was conducted at Dr. Patnam Mahender Reddy Institute of Medical Sciences, Chevella, Ranga Reddy District, Telanagna.

Study Sample: 100 patients with uterine fibroids presenting to the department of Obstetrics and Gynecology were included in the study.

Inclusion Criteria

Patients with uterine fibroids in the reproductive age group.

Exclusion Criteria

Patients who did not consent, patients with previous history of fibroids and patients not in the reproductive age group.

Methodology

Consent was taken from the participants. All the subjects underwent detailed history taking and

thorough clinical examination. Necessary investigations were ordered for and interpreted with a vision for complete treatment.

Statistical Analysis

Data was collected in MS Excel and presented as numbers and percentages in the form of tables and figures.

RESULTS

The most number of patients belonged to the age group 41-50 years followed by 31-40 years and 20-30 years. [Table 1]

Table 1: Age Distribution

Age	No. of Patients
20-30 Years	28(28%)
31-40 Years	33(33%)
41-50 Years	39(39%)

Table 2: Family History

Family History	No. of Patients
Present	64(64%)
Absent	36(36%)

More than half of the participants (64%) had a family history of fibroids.

Table 3: Clinical Features

Symptom	No. of Patients
Abnormal Uterine Bleeding	78(78%)
Pressure Symptoms	42(42%)
Infertility	12(12%)

Abnormal uterine bleeding was the most common clinical feature followed by pressure symptoms and infertility.

Table 4: Type of Fibroid

Type	No. of Patients
Intramural	74(74%)
Submucous	12(12%)
Subserous	11(11%)
Pedunculated	3(3%)

Intramural was the most common type of fibroid detected in our study.

Table 5: Degenerations

Degeneration	No. of Patients
No degeneration	61(61%)
Hyaline	16(16%)
Myxoid	10(10%)
Hyaline + Myxoid	5(5%)
Cystic	3(3%)
Red	2(2%)
Calcification	2(2%)
Fatty	1(1%)

61% of the participants had no degeneration. Among the cases with degeneration, Hyaline degeneration was the most common one.

Table 6: Management

Management	No. of Patients
Medical Management	100(100%)
Hysterectomy	63(63%)
Myomectomy	37(37%)

All the patients were initially managed on medical drugs, later hysterectomy was done in 63% of patients and the rest 37% patients underwent myomectomy.

DISCUSSION

Uterine fibroids or leiomyoma is a benign tumor of smooth muscle of endometrium. They are known to occur mostly in the reproductive age group and may lead to infertility. An observational study including 100 cases of uterine leiomyomas was conducted to analyze the clinical factors associated with the disease. A statistical analysis was made from the data collected and was presented.^[6] In the study the maximum number of cases (39%) were seen in the age group 41-50, while the minimum (28%) belonged to the age group 20 -30. 33% cases were seen in the age group 31-40. According to a cross sectional study including 109 cases of uterine fibroids 42.2% of cases belong to the age group 40-50 and 6.4% belong to age group <40.6 Our study shows that 64% of the cases presented with positive family history of fibroids. A study by Renuka J et al involving 200 cases showed positive family history of 71%.^[7] Abnormal uterine bleeding was noted among 78% of our cases and infertility in 12% cases. A study by Kaushal A et al found that menstrual irregularities were found in 71.6% of cases and infertility in 11.9% cases. Our study included 4 types of fibroids intramural, submucous, subserous, pedunculated. Out of which intramural (74%) was the most common. A multicentric study by Maitri et al also suggested that intramural fibroids were the most common type.^[8] 61% of the cases had no degeneration and among those with degenerations, hyaline degeneration was the most common (16%). Gowri et al mentioned that secondary changes were absent in 76.4% cases and out of the remaining hyaline degeneration (16.9%) was the most common degeneration.^[9]

CONCLUSION

Uterine fibroids are common in the reproductive age groups and cause significant symptoms. They should be suspected in many cases of infertility and pressure symptoms. Early diagnosis and prompt management will prevent the patients in landing in complications.

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