

Uterine fibroid: a common complaint among women

It's a condition that affects one in four women and yet it often goes unnoticed because of lack of symptoms.

Around 25 per cent of women of reproductive age suffer from uterine fibroids (ie, leiomyomas, myomas), benign tumors which grow in the muscle layer or connective tissue of the uterus. It's an extremely common condition caused largely by life cycle changes in the reproductive hormones which means it rarely occurs before puberty.

Fibroids are often described according to their location in the uterus, although in most cases they tend to be in multiple locations.

- Intramural fibroids originate within the uterine wall
- Submucosal fibroids originate within the uterine muscles just below the uterine lining
- Subserosal fibroids originate from the serosal cells (surface cells) of the uterus
- Cervical fibroids are found in the cervix.

For many women, fibroids do not cause any symptoms and diagnosis comes with an ultrasound examination of the pelvic area. In cases where symptoms do occur, they usually take the form of increased uterine bleeding, pain or a sensation of pressure in the pelvis and, in rare cases, fertility problems.

However, the severity of symptoms does not correlate with the size of the fibroids and generally it is the fibroids that cause significant distortion in the shape of the uterine cavity that cause heavy uterine bleeding. For example: a small submucosal fibroid can cause very heavy menses while a large subserosal fibroid may be relatively asymptomatic.

Treatment

Treatment for fibroids depends very much on the symptoms. In women who have heavy uterine bleeding, it is usual to begin with medical therapy, such as non-steroid anti-inflammatory drugs, or antifibrinolytic agents. However, when symptoms persist and the fibroids do not respond to treatment, a gynecologist may suggest invasive treatment.

Minimally invasive treatment

For women who experience pressure symptoms, surgery is the most common treatment. In most cases, this can be performed with a minimally-invasive technique, often referred to as key-hole surgery.

Myomectomy fibroids can be removed using laparoscopic surgery while hysteroscopic surgery is often used for submucosal fibroids, depending on the actual position of the fibroids.

In cases where a woman has multiple fibroids, a hysterectomy using a minimally-invasive method may be considered. The benefit of the latter compared to traditional laparotomy – the removal of the uterus via a surgical incision in the abdomen - is that women have a much shorter stay in hospital and recover quicker, allowing them to resume their normal daily activities much sooner.

Another treatment method is the uterine fibroid embolization; a procedure which involves reducing the blood flow to the uterus. This causes the fibroids to shrink and die. This procedure also helps control heavy uterine bleeding in women who do not plan future pregnancies.



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