



Uterine Fibroids or Myomas

Uterine fibroids are benign muscle tumors that can occur in all parts of the uterus. Those on the outside surface of the uterus are called subserous. Those located in the muscle wall are called intramural and those protruding into the uterine cavity are called submucous myomas. The uterus can have a single fibroid or multiple fibroids which can cause a variety of symptoms depending on their location.

Fibroids are very common. It is estimated that more than 50% of all women have fibroids. In the U.S. 10-15% of women require surgery for fibroids. For unknown reasons, fibroids are twice as prevalent in African-American women.

Many factors influence fibroid growth. Fibroids grow prior to menopause due to estrogen production by the ovaries. They tend to grow rapidly during pregnancy and shrink in the postpartum period. Obesity increases the risk of growth (presumably by increasing estrogen levels) and smoking decreases the risk of growth (presumably by decreasing estrogen levels). Birth control pills and post-menopausal hormone replacement do not affect fibroid growth. Fibroids do not usually increase in size after menopause and may occasionally decrease in size.

Common complaints related to fibroids include heavy menstrual flow, back pain, increasing abdominal size and pelvic pain. Some women complain of frequency of urination, pelvic pressure and pain with intercourse. Fibroids can also distort the endometrial lining or tubal ostia (entrance to the uterus) causing infertility or miscarriage. Large fibroids that grow during pregnancy may degenerate and cause pain or preterm labor. Fibroids located in the lower part of the uterus can obstruct the birth canal requiring a cesarean section for delivery.

The treatment of fibroids depends on the size, location and symptoms associated with the fibroid. Most patients do not require any treatment. Oral contraceptive pills may help with heavy menses. If medical management of symptoms is not successful, then surgical treatment is often the only option.

Laparoscopic destruction of the myomas or uterine artery embolization with an interventional radiologist may be options in certain women. If fertility is important, the fibroids should be removed and the uterus repaired. Removing only the fibroids is called a myomectomy. A myomectomy can be performed vaginally through a hysteroscope if the myoma is protruding into the uterine cavity. Myomas invading the

uterus and extending outside the uterus can only be removed with an abdominal incision. About 15% of women who opt for myomectomy have regrowth of their fibroids with symptoms significant enough to warrant a second surgery. If a woman has completed childbearing, hysterectomy is usually the procedure of choice. Hysterectomy will not alter women's hormones or start menopause since the ovaries are usually left in place.