



Fibroids

Uterine fibroids are benign (non-cancerous) tumours, commonly seen in women of childbearing age. Fibroids are composed of muscle cells and other tissues, and develop in and around the wall of the uterus. Uterine fibroids are usually round or semi-round in shape. Based on their location within the uterus, uterine fibroids can be classified as:

Subserosal fibroids: Sited beneath the serosa (the membrane covering the outer surface of the uterus)

Submucosal fibroids: Sited inside the uterine cavity below the innermost layer of the uterus

Intramural fibroids: Sited within the muscular wall of the uterus

Intracavitary fibroids: Sited inside the uterine cavity

Pedunculated fibroids: Develop on a stalk attached to the outer wall of the uterus

Causes

The exact cause for the development of fibroids remains unknown, but some of the proposed causes include:

- Genetic abnormalities
- Alterations in expression of growth factor (protein involved in rate and extent of cell proliferation)
- Abnormalities in the vascular system
- Tissue response to injury
- Family history of fibroids
- Uterine infection
- Consumption of alcohol
- Elevated blood pressure
- Hormonal imbalance during puberty

Symptoms

The majority of women with uterine fibroids are asymptomatic. However, some symptoms that may indicate fibroids include:

- Heavy menstrual bleeding
- Prolonged menstrual periods
- Pelvic pressure or pain
- Frequent urination
- Constipation
- Backache or leg pain
- Difficulty in emptying your bladder

These symptoms can indicate many other medical conditions, but if you experience multiple of the above you should ask your doctor to investigate for fibroids, especially if you also have any of the above-listed causes.

Diagnosis

The diagnosis of uterine fibroids requires a pelvic examination followed by pelvic ultrasound. MRI scan and CT scan may also be required, although less commonly.

Treatment

There are a few different treatment options for managing and removing uterine fibroids. Surgery is often very effective, and there are several surgical options which depend on the location, size and persistence of the fibroids. Your doctor will determine the options appropriate to your situation. Common surgeries performed on fibroids include:

- Myomectomy or selective removal of the fibroids within the uterus
- Destructive techniques that involve boring holes into the fibroids with a laser or freezing probes (cryosurgery)



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- Uterine artery embolization (UAE) and uterine artery occlusion (UAO)
- Hysterectomy or removal of the uterus
- Non-surgical methods comprising of steroidal medication are also used to stabilise the oestrogen levels in the body and minimise fibroids and their recurrence.

Risks during pregnancy

Some studies indicate that the presence of uterine fibroids during pregnancy increases the risk of complications such as first trimester bleeding, breech presentation, placental abruption, increased chance of Caesarean section and problems during labour. If you have uterine fibroids and are planning to become, or currently are, pregnant, this should be discussed with your obstetrician.