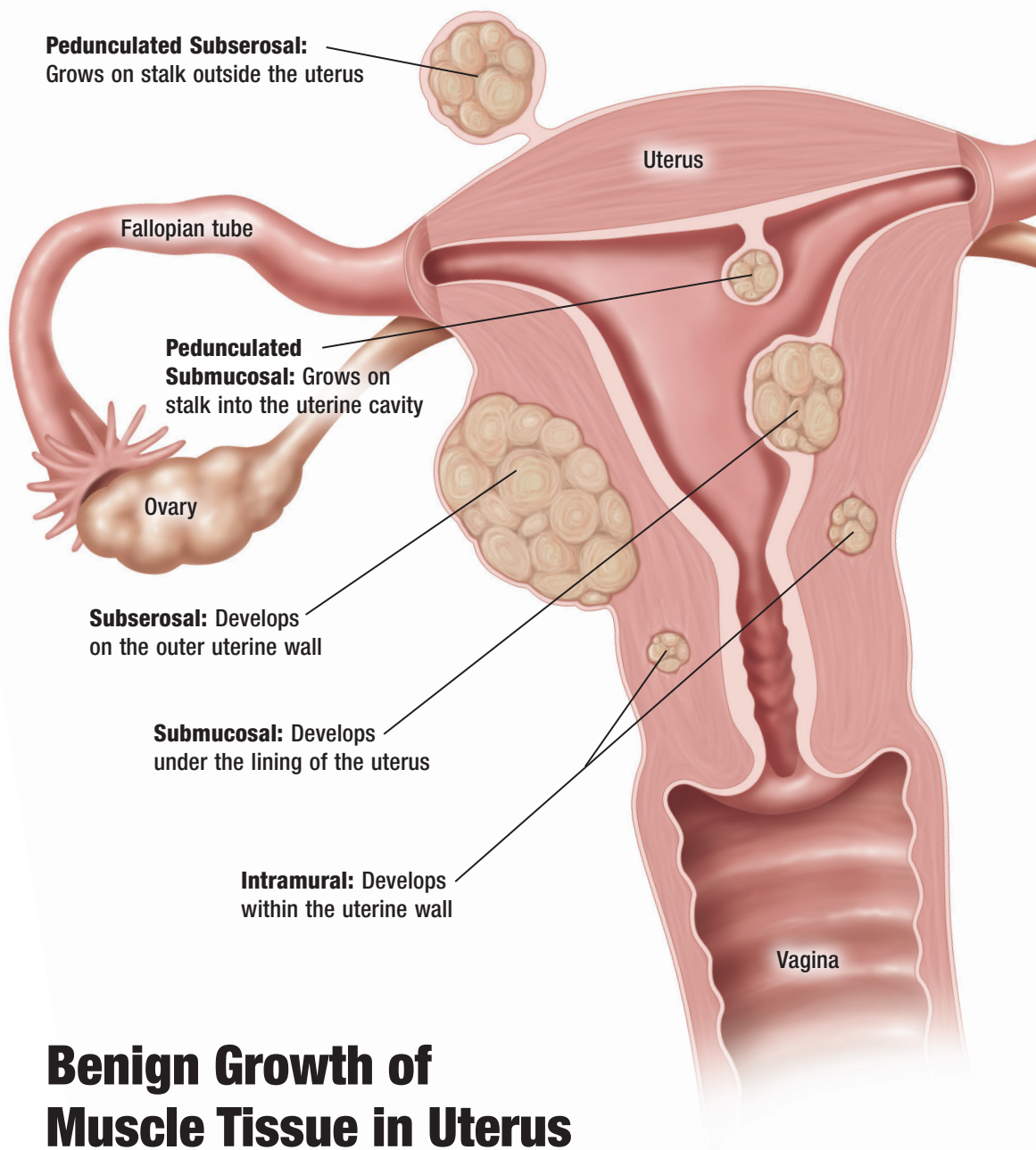


Uterine Fibroids



Benign Growth of Muscle Tissue in Uterus

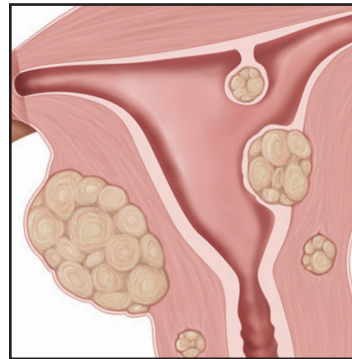
A fibroid is a mass of muscle tissue that grows in or around the wall of the uterus. Fibroids, which are quite common, can range from the size of a pea to a large mass weighing several pounds. Fibroids often do not cause symptoms, but large or multiple growths can cause heavy menstrual bleeding, longer menstrual periods, and abdominal pressure leading to urinary tract or rectal symptoms. Fibroids that cause bothersome symptoms can be temporarily treated with medications, and the symptoms can be treated as well. More commonly, fibroids are removed using one of several outpatient procedures, although they can grow back later.

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Fibroids Are Noncancerous and Do Not Increase Risk of Uterine Cancer

Fibroids are not cancerous, nor do they increase the risk of cancer of the uterus. It is not clear why women develop fibroids, but the female hormones estrogen and progesterone probably cause the fibroids to grow. Accordingly, fibroids do not appear until after puberty begins, and they usually disappear or shrink after menopause. They grow more rapidly during pregnancy, increasing the risk of cesarean delivery in some instances.



It has not been determined why women develop fibroids, but it is likely that their growth is fueled by estrogen and progesterone.

Fibroid Development and Diagnosis

Women are most likely to develop fibroids between the ages of 30 and 50 years. Fibroids are more common in women who began menstruating at an early age, and a family history of fibroids increases the risk. African American women and women who are significantly overweight or obese also have a higher risk of fibroids.

Depending upon their location and size, fibroids may be detected by a doctor during a routine pelvic examination. Fibroids can be identified through tests conducted to investigate symptoms such as heavy menstrual periods or pressure in the pelvic area. Tests such as ultrasound, MRI, CT scans, and x-ray with or without contrast can confirm the presence of fibroids.

Treatment With Medication

Fibroids can be treated in several ways. Many times, no treatment is required if symptoms are mild. The symptoms caused by fibroids can often be controlled with nonsteroidal anti-inflammatory drugs such as ibuprofen.

Low-dose birth control pills or an intrauterine device with a slow-release hormone (Mirena) can help control heavy menstrual bleeding. The primary complication of fibroids is iron-deficiency anemia, which develops from significant blood loss due to heavy menstrual flow. In such cases, an iron supplement to treat or prevent anemia may be useful.

Gonadotropin-releasing hormone (GnRH) agonists (Lupron, Synarel, and others) are a category of drugs that can be used temporarily to treat fibroids. These agents shrink fibroids by stopping female hormone production and menstrual periods altogether, creating an artificial menopause. GnRH agonists are used for only a short time, often before surgery, to make the fibroids easier to remove.

Surgical Treatment

If symptoms are significant, removal of the fibroids is often the best solution. Surgical treatment of fibroids can be performed in a doctor's office, outpatient facility, or hospital. The type of surgery selected depends upon the location of the fibroids, their number and size, the age and general health of the patient, and whether future pregnancies are desired. Today, many procedures are done on an outpatient basis, with little recovery time necessary.

In some cases, surgery involves removing the fibroid tissue (myomectomy) with use of a laser, wire loop, freezing, or other similar method. Some fibroids can be destroyed using a procedure known as *uterine fibroid embolization*. In this procedure, the supply of blood to the fibroid is destroyed, causing the fibroid to shrink. If the patient is not planning a future pregnancy, fibroids can be eliminated by destroying the lining of the uterine wall (endometrial ablation) or removing the uterus (hysterectomy). Of the various methods for removing fibroids, only hysterectomy guarantees a permanent removal.