



Fibroid uterus: Clinical presentation and surgical management in A Tertiary Care Hospital.

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INTRODUCTION

Uterine fibroids are a major cause of morbidity in women of reproductive age and sometime even after menopause. There are several factors that are considered to be associated with the development of these tumors like nulliparity, obesity, polycystic ovarian disease, diabetes, hypertension, and Afro, American descent.¹ A family history of fibroid was also found to be common in patient who develop tumor and it is also supposed that there is gene encoding for fibroid development that's why it is observed in families.²

The presentation of uterine fibroids is quite variable with most being asymptomatic. The commonest symptoms that are observed in patient with fibroid are mass lower abdomen, menorrhagia, and pain lower abdomen. Pressure symptoms like frequency of micturation and retention of urine are observed due to pressure

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ABSTRACT... This study was to evaluate the clinical presentation and management of fibroid uterus. **Study Design:** Retrospective Descriptive study. **Setting:** Independent University Hospital Faisalabad, which is a Tertiary Care Hospital providing health care facilities to poor socioeconomic group. **Period:** 1st May 2015 to 30th April 2017. **Material & Methods:** All patients with fibroid uterus who were admitted in gynae ward and operated. Patients having fibroid uterus with pregnancy and patients on medical management were excluded. **Results:** 56 patients of various ages included in study. The age distribution of patients was 20-70 years with a mean age of 45 years. Parity of patients range from 0-8, 58% were multiparous and 21% were nulliparous. The most common complaints of patients were menorrhagia 83% with anemia and dysmenorrheal 25%. Regarding management total abdominal hysterectomy was performed in 67% of patients preferably in with multiparity and myomectomy in 32% of total patients. **Conclusion:** Fibroid uterus is the most common benign tumor of reproductive age influencing fertility outcomes and general health of females. This study reinforces the fact that large number of patients requires surgical management because of its varied clinical presentations and often with failure of medical treatment.

Key words: Fibroid, Hysterectomy, Myomectomy, Multiparous, Nulliparous.

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on bladder neck.³ Uterine fibroid may be single or multiple and of various sizes. Based on location, they may be sub mucous, intramural, sub serous, cervical and parasitic. The diagnosis is usually confirmed by USG.⁴ In one study, it was observed that increased uterine anteroposterior diameter is usually associated with presence of uterine fibroid and could be used as a predictive index for the presence of fibroid.⁵ Some complication that could arise with uterine fibroids include anemia due to heavy menstrual bleeding, infertility, torsion of pedunculated fibroids and degenerative changes. Sarcomatous change is very rare seen in only 0.1% to 0.5% of cases.⁶

Management of uterine fibroid varies according to the age, family history, size & site of fibroids, as well as on symptoms and wish of patient. Surgery is main stay of treatment. Although in some cases like patient having small fibroid but trying to conceive or patients with asymptomatic fibroid

in perimenopausal age group can be managed conservatively.⁷ Now a days gonadotrophin releasing hormone analogue are used in some cases. The purpose is to reduce the size of very large fibroid or if fibroid is in awkward position. The purpose is to control bleeding and to improve hemoglobin levels they can also be used before myomectomy, hysterectomy and hysteroscopic resection of large fibroid. Opponent of the user of GnRH agonist agree that this treatment delays the achievement of a definite tissue diagnosis. So the use of GnRH analogues as adjunct to surgery still in debate.⁸

Myomectomy involves removal of fibroid alone leaving rest of uterus intact and is usually reserved in women that are under 40 and who want to preserve their fertility and when procedure is surgically feasible. Hysterectomy is a major procedure that involves removal of uterus and is definitive treatment for fibroid uterus. After hysterectomy there will be no chance for the recurrence of fibroids. It has been observed uterine fibroid is common indication for hysterectomy in most countries particularly in premenopausal women.⁹

OBJECTIVE

The objective of this study is to determine clinical presentation and surgical management of patients with uterine fibroid in Independent university Hospital Faisalabad.

MATERIAL & METHODS

This is a retrospective descriptive study that was conducted in Independent University Hospital Faisalabad. Which is a tertiary care hospital. Total 56 patients having fibroid uterus were included in study. Study duration was 2 years from 1st may 2015 to 30 April 2017. All patients who were admitted and operated in hospital during this period were included in study. Data was collected by preformed Performa regarding, age, parity, clinical presentation and type of surgical management of patient from gynae ward admission files and operation theatre record. All intra- operative finding and postoperative complication observed. Whoever patients having uterine fibroid with pregnancy and patients

managed conservatively with medical treatment were excluded from study. Data was analyzed and result given in tabulated form to show the percentage of each result.

RESULTS

Demographic Characteristics

Age

During study period, 56 patients of various ages were managed with uterine fibroids in Independent University Hospital (IUH). The age distribution of patient was 20 to 70 yrs with a mean age of 45 years.

Age	No.	Percentage
20-30	4	7.14%
30-40	12	21.4%
40-50	30	53.5%
50-60	8	14.4%
60-70	2	3.57%
Total	56	100%

Most of cases were of age group 30-50yrs. This is the most common age group for fibroid uterus.

Parity

Parity of the patient rang from 0-8. Majority of the women with fibroid uterus having parity >4 and 21% in my study were nulliparous.

Parity	No.	Percentage
0	12	21.4%
1-4	33	58.9%
>4	11	19.7%
Total	56	100%

Clinical presentation of fibroid

Total patients are 56.

Presentation	No.	%
Menorrhagia	47	83%
Dysmenorrhea	14	25%
Anemia	43	76%
Abdominal Mass	20	35
Urinary Symptoms	5	8.9
Infertility	10	17.8

In my study, patient presented with multiple complaints but most common was menorrhagia in 83%. Dysmenorrhea usually in nulliparous patients 25%. Among these patients anemia observed in 76% of the patients.

Duration of Symptoms

	No.	Percentage
<1 yr	7	12.5%
1-2 yr	34	60.7%
>2 yr	15	26.8%
Total	56	100%

In my study, most of the patients were having their complaints for < 2 years.

Operative Procedures

	No.	%
Vaginal myomectomy	2	3.6
Abdominal myomectomy	16	28.5
Hysterectomy	38	67.9
Total	56	100

Hysterectomy was the choice of procedure for multiparous patients, who completed their family and don't want to retain their uterus.

DISCUSSION

Fibroids are most common in women from their 30s thirties to early fifties. After menopause fibroids tend to shrink. About 20-40% of women age 30 and older have fibroid of significant enough size to cause symptoms. In current study more than 75% presented in age group 20-50 years, 7.14% in 20-30 years and 3.57% above 60 years. The result is comparable to study conducted in Nigeria. In which uterine fibroid are common among young women in reproductive age 15-49 years. A international study carried out in USA showed that the incidence of uterine fibroid by age 35 was 60% among African American women where as Caucasian women showed an incidence of 40% by age 35 and almost 70% by age 50.¹⁰

Regarding parity, 21.4% were nulliparous 58.9% having parity of 1-4 while 19.6% having parity more than 4. Nulliparity had a strong link with the development of fibroids while in this study

21.4% of total 56 patient were nulliparous and 78.6% were parous. The result is comparable to study conducted in Nigeria during 2012. In which 25% of participant were nulliparous and nearly 75% having parity 1-4. While in contrast to them in another study 76.6% of the patient were nulliparous conducted in Enugu.¹¹ Combi in north eastern. Favours current study in which 7.6% of the patients were nulliparous and 23.1 % were multiparous.¹²

Analysis of clinical presentation showed that menorrhagia 33% associated with anemia was the most common presentation in this study. The results are similar to another study in which abnormal uterine bleeding in the form of menorrhgia was observed in 95.7% of the participant. Menorrhagia in severe cases result in anemia ranging from 32.9% to 52.2%. as reported in Ilesa, Nigeria.⁷

The presentation of fibroid as abdomino pelvic mass was observe in 35% of participant while in contrast abdomino pelvic mass was the commonest clinical presentation in Nigeria 100%, maidguri 63.7% Nuew 66.9%, and Engugh 70.5%.¹³ The other symptoms like dysmenorrhea and pressure symptoms have been shown to adversely affect the patient quality of life both physically and psychologically. Dysmenorrhea was the presenting complain in 25% of patient while urinary symptoms observed in 8.9% of total participant. Which are almost similar to adinma study. Where it was present in a third of population studied.¹⁴

Analysis of clinical presentation indicates that the problem of infertility with or without symptoms were a significant part of morbidity associated with fibroid however fibroid are seen in 17.8% of patient with infertility both primary and secondary in this study. While in contrast to that fibroid are found 1-2.4% of women with unexplained infertility in one study¹⁵, while another study conducted in Nnewi, Nigeria shows infertility as a presenting symptoms seen in 51.5% of study population and 30% in another study that was also conducted in Nigeria.

Regarding surgical management of uterine fibroid, Hysterectomy was performed in 38(67.85%) patient & myomectomy in 16(28.5%) of patients while vaginal myomectomy for fibroid polyp in 2(3.57%) of patient based on their age clinical presentation & morbidity associated with that. While in contrast to my study myomectomy was performed in 90%. Hysterectomy in 8.7% and polypectomy 1% in Nnewi, Nigeria study. While my result are to some extent comparable to study conducted in amino khano teaching hospital where myomectomy done in 43.7% and hysterectomy in 56.3% of patient.¹⁶

CONCLUSION

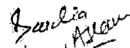
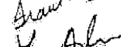
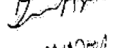
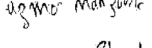
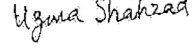
Fibroid uterus is the most common benign tumor of reproductive age influencing fertility outcomes and general health of females. This study reinforces the fact that large number of patients requires surgical management because of its varied clinical presentations and often with failure of medical treatment. Uterine Fibroid can cause multiple bleeding and pain symptoms which might have a negative impact on women's life. Influencing their sexual, social and work life, so further work up in this subject is required. This will help in improving women health for a healthy society.

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REFERENCE

- Okolos. **Incidence, aetiology and epidemiology of uterine fibroid.** Best Practice & research clinical obstetrics and gynaecology 2008; 22 (4): 571-88.
- Hodge J, morton C. **Genetic heterogenicity among uterine leiomyoma, insight into malignant progression Human molecular genetics.** 2007; 16(1): 7-13.
- Sankaron S, manyonda IT. **Medical management of fibroid.** Best pract Res Clin Obstet Gynaecol. 2008; 22: 655-76.
- Lumsden MA. **Benign disease of uterus. In: Dewhurst's textbook of obstetrics and gynaecology.** 7th edition Edmonds DK (Ed) black well publishing, London, 2007, pg: 636-644.
- Ying Z, Weiyuan Z. **Dual actions of progesterone on uterine leiomyoma correlate with the ratio of progesterone receptor A: B.** Gynecological endocrinology. 2009 Jan 1;25(8):520-3.
- Dorigo O, Goodman A. **Sarcoma of uterus. In: Decherney AH, Nathen (eds) current diagnosis and treatment obstetrics and gynaecology, 10th edition megraw – hill companies, USA.** 2007; 51: 864-870.
- Simms – stewart D, Fletcher H. **Counseling patients with uterine fibroid: A review of the management and complication: Obstet gynaecol int.** 2012; 539365. Doi: 1155/2012/539365.
- Sankarans, Manyonda IT. **Medical management of fibroid.** Best pract Res Clin Obstet Gynecol, 2008; 22: 655-676.
- Lumsden MA. **Benign disease of uterus.** In Dewhurst's Text Book of obstetrics and gynaecology 7th edition. Edmonds DKC ed. Black well publishing London, 2007; Pg: 634-644.
- Day Bird D, Dunson DB, Hill MC, Cousins D, Scheetman jm. **High cumulative incidence of uterine leiomyoma in Black and white women: Ultrasound evidence Am j obstet Gynecol** 2003; 188(1) 100-107.
- Akinyemi Bo, Adewaye BR, Fkoya TA. **A Review Niger med.** 2004; 13: 318-29.
- Bukar M, Audun BM, melah GS. **Myomectomy at federal medical centre gombe.** Niger j med. 2009; 18 (1): 94-7.
- Obedjy, Bako B, Kadass, Usman JD, Kullima AA, Moruppa JY: **The benefit of Myomectomy in women aged 40 years and above: Experience in an urban teaching hospital in Nigeria.** Niger med j 2011; 52: 158-162.
- Legendre G, Brun JL, Fernandez H. **The place of myomectomy in woman of reproductive age. Journal de gynecologie, obstetrique et biologie de la reproduction.** 2011 Dec;40(8):875-84.
- Vilos GA. **Uterine fibroids: relationships to reproduction.** Minerva ginecologica. 2003 Oct;55(5): 417.
- Omole – ohonsi A, Ashimi OA. **Non-Emergency hysterectomy- why the Aversion?** Archier of Gynaecology and obstetrics. 2009; 280 (6): 953-959.

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