



UTERINE FIBROID

LEARNING OBJECTIVES

- Describe the pathology of uterine fibroids
- List complications of uterine fibroids
- Describe symptoms and signs of fibroids
- Interpret different investigations and DD of fibroids
- Describe different lines of treatment according to different types and conditions
- State complications of fibroids during pregnancy
- List types of uterine polyps

Definition.

it is a benign tumor of the smooth muscle of the uterus.

Incidence.

Fibroids are the **commonest tumors of the uterus** occurring mostly in patients about **35-40 years** who are **usually nulliparas** or of **low parity**. It is probable that **relative estrogen excess** is a predisposing factor.

Etiology

The exact etiology is unknown . however the following factor are predisposing

- Age.
- Parity.
- Race: more in black.
- Family history.
- Hormonal influences: **relative estrogen excess.**

PATHOLOGY

Gross:

- Uterine fibroids starts **interstitial** (intramural) but may become **submucous** or **subserous** (the last 2 may become pedunculated) and subserous fibroid may grow between the 2 layers of the broad ligament.
- surrounded by a **pseudocapsule** (false capsule) composed of compressed normal uterine muscles.

2ry PATHOLOGICAL CHANGES OCCURRING IN FIBROIDS:

I-degenerative changes

- Atrophy.
- Necrosis.
- Hyaline degeneration.
- Cystic degeneration.
- Red degeneration.
- Fatty degeneration.
- Calcification.
- Malignant change.

II-vascular changes.

III-infection.

Complications of Fibroid

- **Torsion** of a pedunculated subserous fibroid.
- Rupture of a surface vein of subserous fibroid causing **internal hemorrhage**.
- **Infection**.
- **Red degeneration**.
- **Malignant** change.
- **Chronic inversion** of the uterus in cases of submucous fundal fibroid.
- **Impaction** of the fibroid (incarceration). This may occur with cervical fibroid

Symptoms of fibroid

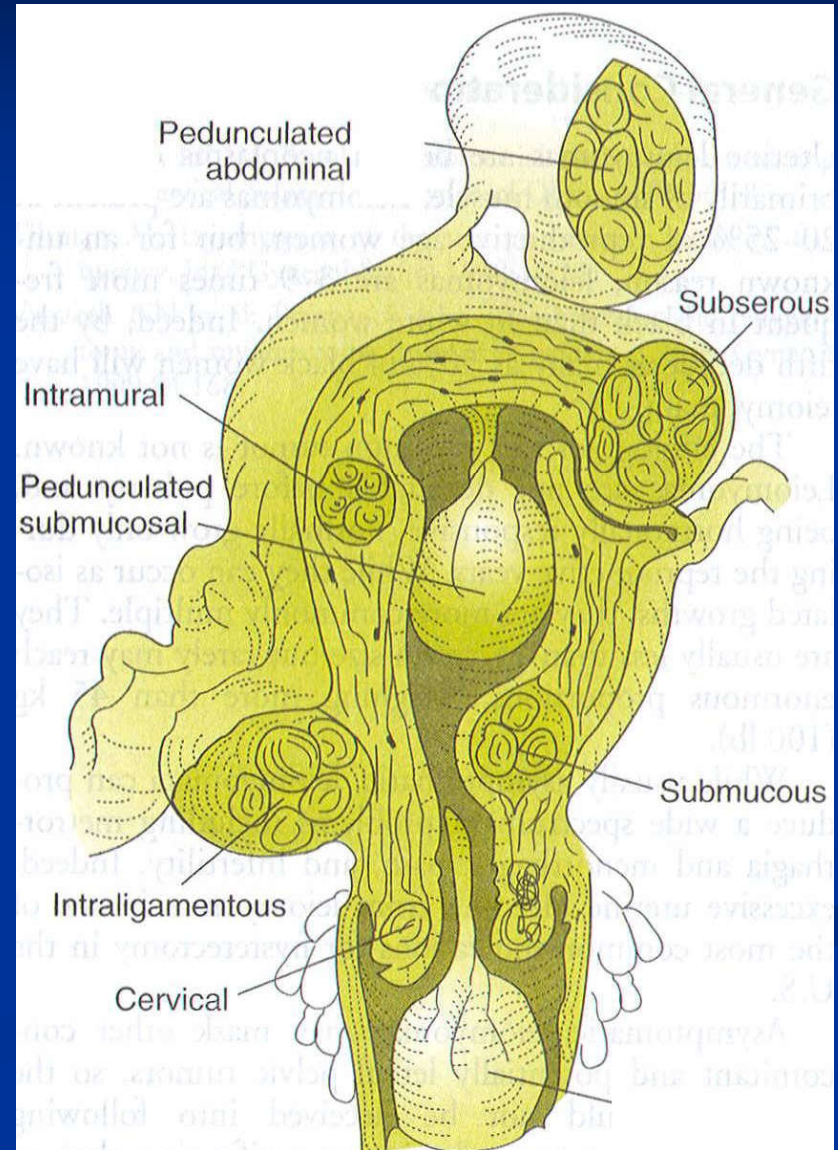
- **Asymptomatic:** accidentally discovered
- Menorrhagia.
- Metrorrhagia.
- Congestive dysmenorrhoea.
- Leukorrhoea.
- Infertility.
- Abdominal mass.
- Pain.
- Pressure symptoms.

Investigations

- Ultrasonography.
- Hysterosalpingography.
- Intravenous pyelography.
- MRI
- Dilatation and curettage. In case of metrorrhagia.
- Routine investigation to prepare the patient to operation.

CLASSIFICATION

- Submucous leiomyoma
- Pedunculated submucous
- Intramural or interstitial
- Subserous or subperitoneal
- Pedunculated abdominal









Differential Diagnosis

- Other causes of **pelviabdominal mass**.
- Other causes of **menorrhagia**.
- Other causes of **mass protruding from the cervix**: in case of submucous fibroid.

Treatment of fibroid.

The treatment depends on:

- Age and parity.
- Number, size and types of the tumors.
- Severity of symptoms.
- Complications especially suspicion of malignancy.
- Associated pathological changes as cancer body .
- Associated pregnancy.

I- No treatment.

Small symptomless fibroids especially near menopause require no treatment but the patient should be kept under observation.

II-surgical treatment.

Myomectomy or hysterectomy.

III-other lines of treatment.

Myomectomy

- It consists of shelling out the tumor from the uterus (ppt) followed by obliteration of the cavities left behind (ppt). It is done usually abdominally but occasionally vaginally .

Contraindications of Myomectomy

- Patients near menopause.
- Very large number of fibroid so that the uterus left will be useless.
- Suspicion of malignancy.
- Large interstitial cervical fibroid, fixed into the pelvis.

Disadvantages of myomectomy

- Higher mortality than hysterectomy.
- Persistence of menorrhagia.
- Recurrence.
- Pelvic adhesions.
- Rupture of the scar may occur in subsequent pregnancy.

Cervical polyps

- Mucous polyp.
- Fibroadenomatous polyp.
- Fibroid polyp.
- Malignant polyp.
- Belharzial papilloma.

Uterine polypi

A-Corporeal polypi.

- Adenomatous polyp.
- Fibroid polyp.
- Placental polyp.
- Malignant polyp.

Hysterectomy for fibroids

