

# Understanding the Challenges of Multiple Uterine Fibroids

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**Abstract:** Uterine fibroids (leiomyomas) are benign monoclonal tumours of smooth muscle, taking origin in the myometrium. They are the commonest benign tumours of the uterus, and are typically round well - circumscribed masses. They are usually multiple, and can range in size from a few millimetres to massive growths of 20cm diameter and more. The aetiology is largely unknown, but they are oestrogen - and progesterone - dependent tumours, very rare before menarche, common in reproductive life, and frequently regress in size after menopause. Though most women with fibroids are asymptomatic, approximately 30% of them will present with severe symptoms which can include abnormal uterine bleeding, anemia, pelvic pain and pressure, back pain, urinary frequency, constipation, or infertility, and will require intervention.

**Keywords:** uterine fibroids, reproductive health, hormonal dependency, pelvic pain, abnormal bleeding

## 1. Case Report

This is a case of 44 years old P2L2A1 with last child birth 15 years back laproscopically tubectomized 15 years came with complaints of mass per abdomen for one year which is insidious in onset, gradually in progressive in nature. On per abdominal examination mass of 28 - 30 weeks size involves right and left iliac quadrants along with umbilical, hypogastric, and left lumbar region. On perspeculum examination vagina healthy, cervix pulled up and deviated to right side. Pervaginal examination uterus couldn't made out separate from mass, left fornical fullness present. On ultrasound abdomen and pelvis shows uterus 22.3x 14.1x 15.4 CMS Antiverted, endometrial thickness of 15.3mm, 12.9x 11.8 CMS posterior wall fibroid, 11.1x 7.9cms, 11.1x 7.9cms, and 6.7x 5.3 cms anterior wall intramural fibroid in body and lower segment of Uterus. on KUB ultrasound shows bilateral mild hydroureteronephrosis. CT scan of abdomen and pelvis shows large well encapsulated solid hypotenuse soft tissue mass seen in 2/3rd of abdomen, crossing midline. It extending into pelvis. Areas of cystic degeneration seen within. Small calcific density seen. Fundus of Uterus not seen separate. Cervix appears normal, bowel loops displaced laterally. There was severe mass effect on urinary bladder Patient underwent Bilateral ureteric catheterisation followed by Total abdominal hysterectomy. Intraoperatively uterus 28 weeks size with multiple sub serosal and intramural fibroids note and specimen weighed 5kgs and intraoperative findings are;

- 1) Left lateral wall fibroid measuring 10x10x10 cms.
- 2) Posterior lower segment fibroid 15x 20x 10cms.
- 3) Anterior cervical fibroid measuring 10x8x5cms.
- 4) Posterior cervical fibroid 7x4x4cms.
- 5) Right cornual region fibroid measuring 5x5x5cms.
- 6) Multiple intramural fibroids largest measuring 5x5cms

## 2. Discussion

Symptoms of fibroids are abnormal uterine bleeding, pelvic pain, dyspareunia, obstructive effects on bladder or rectum, and infertility. Fibroid size does not necessarily determine the severity of clinical symptoms. Uterine fibroids place a large economic burden both on the women who suffer from them, and on the health systems and societies in which they live.

Imaging techniques are the mainstay of diagnosis, with transabdominal or transvaginal ultrasound the most commonly used modality, as it is widely available, inexpensive and usually definitive in diagnosis. MRI may be used to delineate the number, size and location of fibroids in certain cases, and hysteroscopy may be useful to distinguish between subendometrial fibroids and large endometrial polyps.

## 3. Conclusion

The management of uterine fibroids also depends on the number, size and location of the fibroids. Other surgical and non - surgical approaches include myomectomy by hysteroscopy, myomectomy by laparotomy or laparoscopy, uterine artery embolization and interventions performed under radiologic or ultrasound guidance to induce thermal ablation of the uterine fibroids. Hysterectomy remains the standard treatment for patients with persistent symptoms and completed family.

## References

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