Perspective

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Uterine Fibroid Surgery and Myomectomy

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Abstract

Uterine fibroids (leiomyomas or myomas), benign monoclonal tumors, are the most common benign tumors in women. Heavy or prolonged menstrual bleeding, abnormal uterine bleeding, resultant anemia, pelvic pain, infertility, and/or recurrent pregnancy loss are generally associated with uterine fibroids. Although curative treatment of this tumor relies on surgical therapies, medical treatments are considered the first line treatment to preserve fertility and avoid or delay surgery. The aim of this review is to provide available and emerging medical treatment options for symptomatic uterine fibroids. Literature review and consensus of expert opinion. Many uterine fibroids are asymptomatic and require no intervention, although it is advisable to follow-up patients to document stability in size and growth. Fibroid associated symptoms include heavy menstrual bleeding and pain or pelvic discomfort. The association between infertility and fibroids increases with age. Treatment options for symptomatic uterine fibroids include medical, surgical, and radiologically guided interventions. Various medical therapies are now available for women with uterine fibroids, although each therapy has its own advantages and disadvantages. Currently, Gonadotrophin Releasing Hormone (GnRH) agonists and Selective Progesterone Receptor Modulators (SPRMs) are the most effective medical therapies, with the most evidence to support their reduction of fibroid volume and symptomatic improvement in menstrual bleeding. The choice of treatment depends on the patient's personal treatment goals, as well as efficacy and need for repeated interventions.

Keywords: Uterine fibroids; GnRH receptor; Steroids; Selective Progesterone Receptor Modulators (SPRMs); Aromatase Inhibitors (AIs)

Introduction

Uterine fibroids (leiomyomas or myomas) are the most common pelvic tumors and the most common benign tumors in women. It is estimated that 60% of reproductive aged women are affected, and 80% of women develop the disease during their lifetime.

Uterine fibroids are monoclonal tumors that arise from the uterine smooth muscle tissue. The reasons fibroids develop and grow are not well understood, but many factors are recognized as growth promoters, with sex steroids, estrogen and progesterone, being the most frequently studied. Increasing age up to menopause, with incidence peaking in the fourth decade, Black ethnicity, and obesity are the well-known risk factors for fibroids. Both reproductive and environmental factors have been described. Some of the most common reproductive factors include nulliparity, early menarche, and the use of oral contraceptives before 16 years of age. Additional environmental factors, such as diet, particularly vitamin D deficiency, and environmental toxins, are the subject of ongoing investigations. Some dietary factors, including increased consumption of fruits, vegetables, and low fat dairy products, are associated with a reduced risk.

Description

The majority of women with uterine fibroids either remains asymptomatic or develops symptoms gradually over time. When patients are symptomatic, the number, size, and/or location of fibroids are critical determinants of its clinical manifestations. Commonly reported symptoms include heavy menstrual bleeding, dysmenorrhea, noncyclic pain, urinary symptoms, fatigue, and constipation. The association between infertility and fibroids is limited. A recent meta-analysis demonstrated that sub-mucosal, intramural, and sub-serosal fibroids have different effects on fertility, and they are mostly related to sub-mucosal lesions resulting in implantation defects. Hysterectomy was considered the only curative solution for fibroids; however, alternate medical treatments that preserve fertility and avoid invasive surgery, with high efficacy, and a desirable side effect profile are now available. We reviewed the use of well-known medical treatments, both as adjuvant therapy and as primary therapy. The discussion focuses on Gonadotrophin Releasing Hormone (GnRH) analogues, the Levonorgestrel Releasing Intrauterine System (LNG-IUS), Selective Progesterone Receptor Modulators (SPRMs), and aromatase inhibitors (AIs). Each carries its own safety and effectiveness profile, and the treatment of fibroids must be individualized depending on such factors as the patient's age, signs and symptoms, sustained reduction of fibroid size, and maintenance or improvement of fertility, while minimizing side effects.

Diagnosis

The doctor will ask about your medical history and will perform a physical test, which will include a gentle inspection of anal region. Most of the times the tear is visible. This is the test which is done for the fissure diagnosis. Your doctor will recommend these fissures test for the diagnosis.

Anoscopy: An anoscope is a tubular device which is inserted into the anus to help the doctor visualize the anus and rectum.

Flexible sigmoidoscopy: In this process, the doctor will insert a thin tube into the bottom portion of your colon. This test is done when you are younger than 50 and have no risk factors for colon cancer.

Colonoscopy: The doctor will insert a flexible tube into the rectum which will inspect the entire colon. This test is done when you are older than 50 years of age or if you have a risk of colon cancer and signs of other conditions.

Types of fibroid surgery

There are two types of fibroid procedures. Which one you have depends on:

- The size of your fibroids.
- The number of fibroids you have.
- Where in your uterus they're located.
- Whether you want to have children.

Myomectomy

Myomectomy is a surgical procedure that removes fibroids. Depending on the location of these growths, a surgeon may also have to remove other tissue in the process. Surgeons offer different myomectomy techniques. The traditional technique is quite invasive as it uses a relatively large cut. This incision may go from the bellybutton to the bikini line or run horizontally along the bikini line. Some surgeons also perform laparoscopic surgeries, which use smaller incisions but require more skill.

Although a myomectomy preserves the uterus, women who wish to become pregnant should speak to a doctor about the possible complications. Those with very large or deeply embedded fibroids may only be able to have cesarean deliveries after this procedure.

New fibroids may develop after a myomectomy, which means that it is not a permanent solution for everyone.

Conclusion

Uterine fibroids are highly prevalent in reproductive aged women, and as women continue to delay childbearing, an increasing number of patients will require fertility preserving treatment options. Medical management of uterine fibroids may provide symptomatic relief of the uterine fibroid related symptoms along with the opportunity to maintain fertility. A wide range is now available and some require further evaluation. Currently, GnRH agonists and SPRMs are the most effective medical therapies, with the most evidence to support their reduction of fibroid volume and symptomatic improvement in menstrual bleeding. The choice of treatment depends on the patient's personal treatment goals, as well as efficacy and need for repeated interventions.