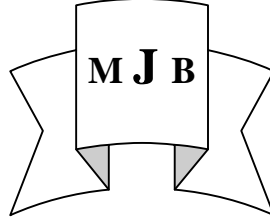


Various Presentation of Myomas

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Abstract

A retrograde personal study of 12000 girls and women were attended the private clinic, gynecology clinic and infertility clinic in Babylon from 1978 to 2009 was made .

The age group varied from 21 to 72 years.

It involved all stages of life ,before marriage ,late marriage ,during or without pregnancy and after menopause.

The main symptoms were abdominal distension ,dull ache, menstrual disorders mainly bleeding ,infertility. During pregnancy pain and miscarriage.

In my experience and follow up of the cases recurrence of the tumors occurred once or many time , patients succeed to get pregnancy after removal of the tumor but malignant change or transformation were minimum or negligible while on the whole the tumors were mostly benign in nature.

All surgical complication treated and assisted by the surgeon.

الخلاصة:

في محافظة بابل تمت دراسة فحص وعلاج ومتابعة اثنا عشر ألف فتاة وسيدة مصابات بأورام ليفية في الرحم منفردة او متعددة وفي مختلف الأحجام والأشكال شملت الفئات العمرية من سن 21 إلى سن 72 عاما ومن جميع شرائح المجتمع ومن مختلف الأعمال . هنالك عدد من الفتيات والسيدات بدون أعراض وقد اكتشفت الأورام عند الفحص الدوري أو عند الفحص لأغراض أخرى من قبل الباحثة أو عند إجراء عمليات متنوعة.

أما أهم الأعراض المصاحبة فهي النزف الرحمي المتنوع ، الأم في البطن والظهر ،العقم، مضاعفات إثناء الحمل أو ما بعد الولادة .عولجت جميع الحالات من قبل الباحثة خلال 29 عاما من 1978 ولغاية 2009 اما بالانتظار و المتابعة الدورية او بواسطة الأدوية والعقاقير الطبية وأما بواسطة العمليات الجراحية المتنوعة والتي تتراوح بين استئصال الورم لمرة واحدة أو أكثر أو باستئصال الرحم مع الماحقات أو الجزئي.

وقد تبنيت من خلال الدراسة بأنة بالرغم من وجود عدد كبير من هذه الأورام فان التحليل النسيجي لغالبية الحالات هو أورام ليفية حميدة.

كانت هنالك 12 حالة مصابة خبيثة اثنان منهما مشتبه بها والاخرى اكيدة. وبالرغم من وجود بعض الصعوبات والمضاعفات اثناء العمليات كالاتصاقات مع الامعاء والقولون والمثانة عولجت بمساعدة الجراح الاستشاري الا انه لم تحدث هنالك أي حالة وفاة اثناء وبعد العمليات والحمد لله علما ان الحالات الخبيثة ظهرت في العشر سنوات الاخيرة.

Aim of study

Myomas are the most common non cancerous tumors in the life bearing age of women . we want to learn more about their causes

and treatment, if possible to prevent occurrence. Nobody know the exact reason for their causes there are many factors play role:

1- Genetics.

- 2- Hormonal
 - 3- Immune system.
 - 4- Environmental.
 - 5- In last 20 years our environmental contamination pollution of wars increase or initiate malignant transformation of myomas.
- One or all these factors may play role in starting or continuation of the growth .[1]

Introduction

Uterine fibroid are the most common benign tumors of the female genital tract in their 30 s and 40s.

It grow up during reproductive life up to 30%. [2]

77% of women could have fibroid with out knowing it .[3]

Rare cases were reported of girls in pre pubertal age had small fibroids.[4]

At least 25% of women in the united states have clinically symptomatic fibroids .[5]

600,000 hysterectomise performed annually 200,000 of them are due to fibroids.[9]

Other names of fibroids.

Leiomyomata , myoma and fibromyoma .mostly they are solid, multiple masses or mass with slow growing .while, pale firm rubbery mass distinct from neighboring tissues .some time stony hard (calcified).[5]

Size varies from tiny pin point to a very big one .[6]

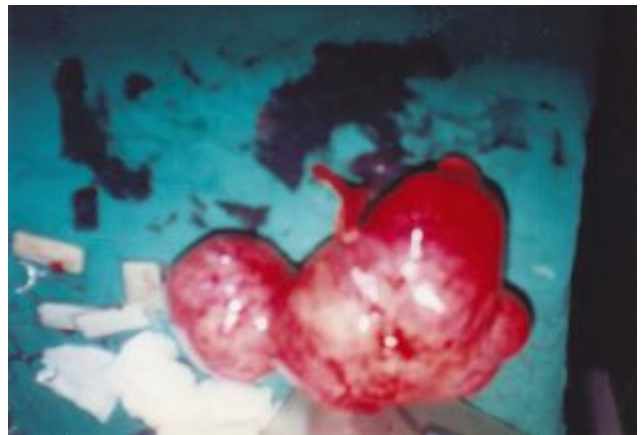
The largest reported fibroid ever recorded weighed in at 140 pounds (63.5 kilograms)

A uterine fibroid weighed 74 pounds has been reported.[7] .In my study the largest wt. 12 Kg.

The incidence increase with age until menopause.

Uterine fibroids are the most frequent Indication for hysterectomy in premenopausal women, so it is amajor public health issue.[8]

In the united states



Material and Methods

A study of 12000 girls and women was done in Babylon over period of 29 years from march 1978 till march 2009 .

The place of collection :

- 1- Private clinic .
- 2- Gynecology clinic in Hilla teaching hospital and Babylon maternity hospital.

3- Family planning and birth control clinic.

4- Infertility clinic.

5- At the time of operations other conditions

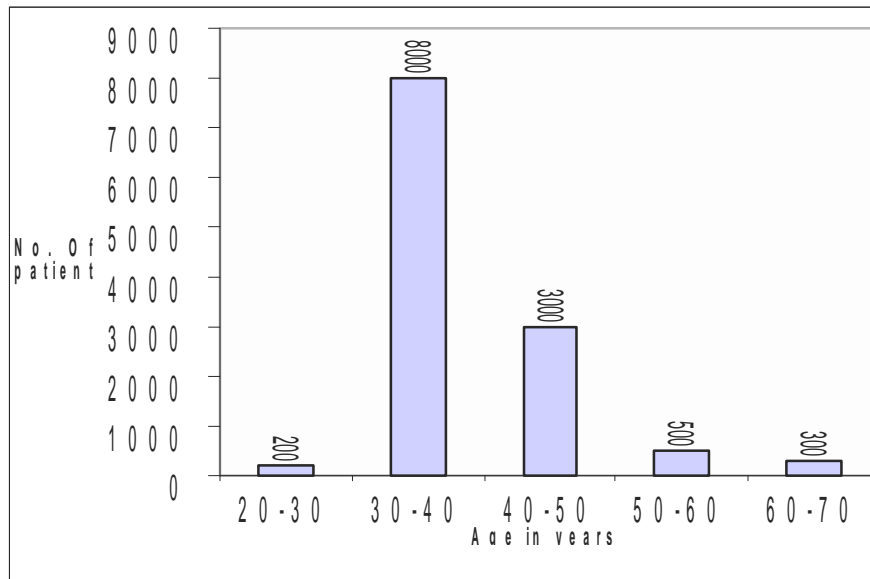
The age group started from 21 to 72 years from different cities and occupation.

Some of them were single or married ,divorced and widows.

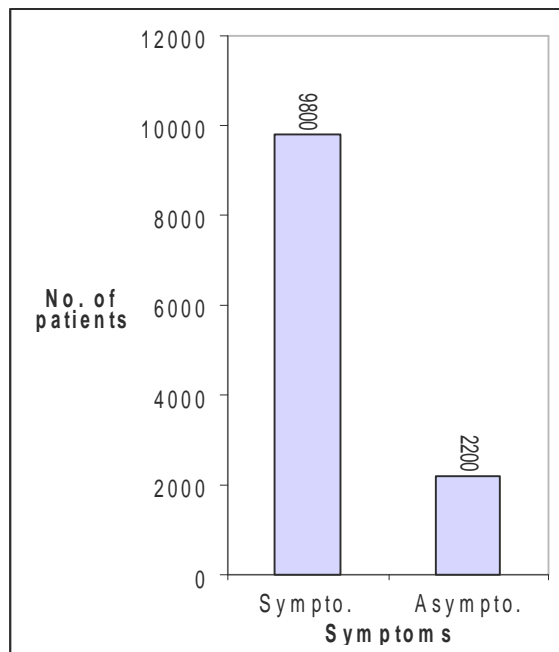
2200 patients were asymptomatic .
9800 patients had symptoms.



No.	Age in years	No. of patient	Percentage%
1	20-30	200	1.6%
2	30-40	8000	67%
3	40-50	3000	25%
4	50-60	500	4%
5	60-70	300	2.5%
6	All ages	12000	100%



Grave show no. of patients and age incidence



The main symptoms of fibroids

Vaginal bleeding [10]	menorrhagia	Inter-menstrual bleeding	postcoital	Postmenopausal
Abdominal mass [11]	Lump felt by patient	Fullness in the lower abdomen	Abdominal distension	Enlarged waist
Urinary symptoms [12]	Frequency of micturition	Retention of urine	Lion pain	Impaired renal function
Bowel symptoms	constipation	Pain on defecation	Adhesions to bowels	Intestinal obstruction
Pain [26]	(Dysparunia) pain on sex	Low back ache	dysmenorrhoea	Abdominal cramps
Leg oedema & varicose veins	Mostly unilateral	Caused by pressure	On the pelvis	By big tumor
Reproductive problems [13]	Subfertility mainly sub mucosal [22]	infertility	primary	secondary
Effect of fibroid on pregnancy	Red degeneration 2 nd trimester [14]	Multiple miscarriages	Early onset of labour [15]	Abnormal presentation and lie of fetus
	Obstructed labor 16*	High risk of C/S [17]	Post partum	hemorrhages
Effect of pregnancy on fibroid	Increase in size	infection	torsion	bleeding

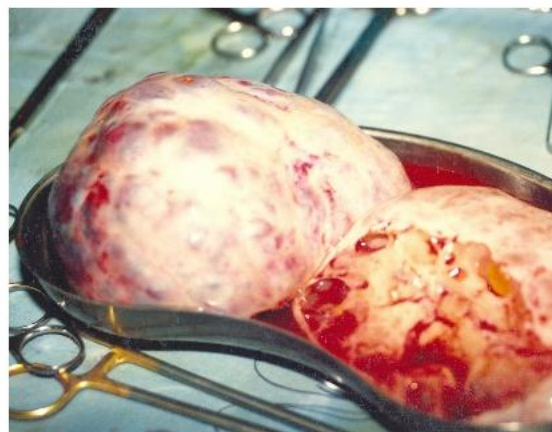
Examination

For all patients after proper history :

- 1- General exam.
- 2- Abdominal exam.
- 3- Bimanual exam (P.V.).
- 4- Speculum exam.
- 5- Un married girl or women rectal exam (P.R)

Differential diagnosis

- 1- Pregnancy.
- 2- Full bladder.
- 3- Mesenteric cyst.
- 4- Ovarian tumor or cyst.
- 5- Pelvic kidney.



Signs of fibroid

- 1- Severe anemia due to blood loss.
- 2- Polycythemia.
- 3- Big mass or masses lead to big abdomen.
- 4- Unilateral leg edema.
- 5- Mass protruded from the vagina.
- 6- Vaginal bleeding mostly heavy.
- 7- Vaginal discharge.



Investigations

For all or same patients

- 1- Complete blood picture (p.c.v)
- 2- Blood group and RH factor.
- 3- General urine exam.
- 4- Blood sugar for suspected cases.
- 5- Blood urea for suspected cases.
- 6- Chest X ray.
- 7- E.C.G. for patient more than 40 years
- 8- Sonography abdominal and vaginal. [29]
- 9- CT. scan.
- 10- Magnetic resonance(MRI).
- 11- Hysterosalpingiography(H.S.G).
- 12- Hysteroscopy.
- 13- x ray abdomen.
- 14- Intravenous pyelogram.
- 15- Laparoscopy.(diagnostic) .[30]

After proper diagnosis our treatment:

- 1- Conservative :wait and see if fibroids small or symptom less.
- 2- Re assurance and follow up every 3-6 months .because tumor is slow growing
- 3- Conservative treatment during pregnancy.[31]
- 4- Surgical removal
 - For large tumor .about 12 week or more even if it asymptomatic.
 - Rapid increase in size in non pregnant women.
 - Rapid increase in postmenopausal women.

The treatment modality depends on the following factors:

- 1- Age of the patient.
- 2- Parity.
- 3- Size of the tumor.
- 4- Her desire to have baby.

Important points before operation

- 1- We discuss it to the patients & close relatives.
- 2- Consent form signature for hysterectomy if complications occurred during operation .
- 3- Prepare blood.
- 4- Give her GNRH analogue (zoladix) before operation to induce artificial menopause (temporary)

Type of operation

1. Myomectomy
 - Abdominal
 - Vaginal
2. Diagnostic curettage and polypectomy
3. Abdominal hysterectomy
4. Vaginal hysterectomy on rare condition polyp or small uterus in post menopausal patient.
5. Hysteroscopy
6. Laparoscopy
7. Endometrial ablation
8. Uterine artery immobilization
9. Laser to remove fibroids or make them shrink

these are for diagnosis and treatment

Note .:

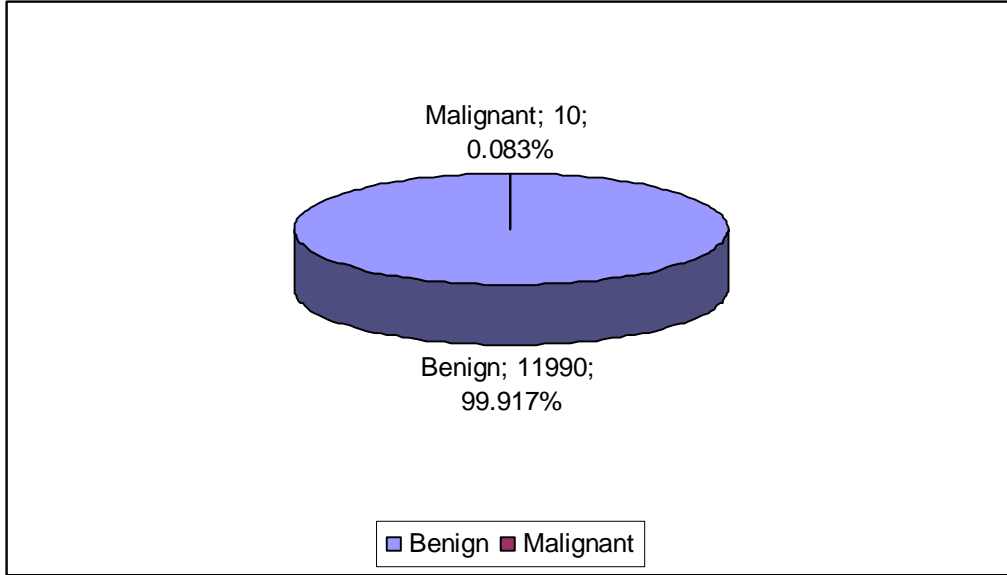
The last 3 procedures were not done available yet.
in my study, because they were not

Results

No	Type of fibroid	No. of cases	treatment	Percentage %
A	asymptomatic	Total 2200		
		800	Conservative treat	36%
		1400	Medical methods	64%
		200	Get benefit, shrinkage	9%
		1200	Surgical operation	54%
		700	Diagnostic curettage & cauterization	31%
		500	lapratomy	22%
		300	Abdominal hysterectomy	14%
		200	myomectomy	9%
B	Symptomatic fibroid	Total 9800		
1	bleeding	4000	Abdominal hysterectomy	41%
		1950	Total abdominal hysterectomy and bilateral salpingoopheroctomy	20%
		50	Subtotal hysterectomy	0.5%
		1000	Myomectomy	10%
		900	Abdominal myomectomy [34]	9%
		100	Vaginal myomectomy	1%
2	Abdominal mass or masses	Total 3000		
		2000	myomectomy	67%
		1000	hysterectomy	33%
3	Reproductive problems infertility	Total 1000		
		750	Abdominal route	75%
		250	Vaginal route	25%
4	Fibroid with pregnancy	Total 1000		
		990	Conservative treatment	99%
		10	Polypectomy (vaginal)	1%
		7	Myomectomy for subserous pediculated at the time	0.7%
		3	C/S polypectomy (P.V)	0.3%
5	Pudenculated polyps in vergins	50	Polypectomy with care to prevent injury to hymen	100%
6	Recurrent fibroids	Total 700		
a-	For one time	450	Abdominal myomectomy	64%
b-	For more than one :2-3 times	250	Obstruction: abdominal	36%
		100	Myomectomy	14%
		150	Abdominal Hysterectomy	21.5%

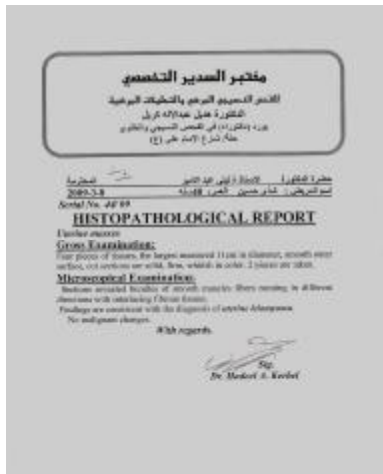
Table show
Some rare presentation of fibroids

No.	Site of tumor	No. of patient	symptoms	treatment
1	Vaginal(suburethral)	2	Pain Frequency of urine	Excision
2	vulval	2	Mass(lump)	Excision
3	perineal	2	Mass(lump)	Excision
4	Inner aspect of thighs	4	Pedunculated mass	Excision
5	Ovarian fibroma	10	Post menopausal bleeding	Total abdominal hysterectomy & Bilateral s
6	Impacted intracervical in vergin	3	Sever pain and bleeding	Laparoscopy then laparotomy
7	Unilateral or bilateral corneal pressing on tube-haemosalpinx	8	Pain & infertility	Myomectomy salpingectomy
8	Solitary fundal polyp chronic uterine inversion	2	Drugging pain & bleeding	Hysterectomy
9	Small multiple calcified tumors	2	Bleeding continuous 6 months after C/S	Dilation & curettage
10	Huge calcified brood ligament fibroid on one side addition multiple in the whole uterus	5	Dull pain & leg oedema on the affected side	Hysterectomy



All tumors send for histo pathological study:

- Total no. 12000
- All the cases were benign leiomyoma or polyps
- 12 cases were malignant
- 2 suspected sarcoma. Then proved benign.
- 10 were proved malignant tumors
 - 4 of them were sarcomas
 - 3 of them were adenocarcinoma
 - 3 malignant pudenculated polyp



Discussion

- Myoma is common tumor in women between 30 – 40 years.
- It is oestrogen dependant.

- Most of them shirunked after menopause.
- Post pond surgical treatment if small and asymptamatic.

- In our study we have many patient with post menopausal symptoms due to fibroids treated surgically.
- Pudencuted myoma of different sizes protruting from the hymen to the vagina in unmarried girls mostly after 30 years, all treated surgically.
- Race in black African American at 3 to 5 times more in our study while women are more about 4-1.
- Fibroids sometimes run in families. [18]
- Women who are overweight are more prone than thin patients.
- Un married girl and late marriage increase the incidence of fibroid (uterus should carry fetus or tumor)
- In our study diabetic female with juvenile onset or adult type were also found to have fibroids in the united states 2.5% of all population have iabetes mellitus (D.M) 1/2 of those will under go surgery [19]during their lives. Hyperplasia Polyps Fibroids [20].
- Most fibroids have no fertility problems.
- Other affect the tubes by pressing on it or if the are big submucous fibroid.[22]
- In our study association of endometriosis with fibroid ectopic pregnancy and ovarian cysts.[21]
- Very slow growing tumors.
- Mostly fundal, lateral, anterior and posterior.
- High incidence of recurrence from (5-10) years 20% once or many times most of them referred to me.[33]
- Sites of fibroid mostly uterine body. In cervical region about 1-2%.[23] could be sessile or pedunculated.[24]
- Rarly parasitic fibroids
- Submucous fibroids cause bleeding if ulcerated cause discharge. [25]
- Pain [26] occure during complications ,torsion ,degeneration and sarcomatous changes [27,.28,.32].
- Anemia due to blood loss.
- During pregnancy or C/S. the treatment is conservative .in my study many peduncalated polys treated by vaginal or abdominal rout before labous or at the time of C/S.
- Skin incision preferable upperlateral for big multiple or recurrent fibroids better than transverse.
- Because it is very vascular operation blood should be prepared and drain put in after surgery.
- Adenomyosis occur in multiparous women.
- Prophylactic antibiotics is usually given post operatively with good analgesia.
- Injuries to colon or bladder or ureter might occur in recurrent fibroids or malignant tumors.
- Pregnancy mostly occurred in 1/2 cases after myomectomy and less in recurrent myomectomy.
- In my study some patient with TUCD used for more than 5 years develop polyps or fibroids.





Conclusion in our research

- From the 12000 girls and women with myomas over a period of 29 years ,some patient treated by reassurance ,wait and see and follow up.
- Surgical treatment either by myomectomy or hysterectomy mostly abdominal.
- Before surgery correction of anemia ,medical and surgical consultation is essential.
- Consent from signature of patient ,husband or close relative for laparotomy, myomectomy or hysterectomy if massive bleeding or complications occurred .
- All tumors should send for histopathological study.
- Some operation were very major and difficult because of vascularity or deeply situation of the tumor and hugesized

- Intestinal obstruction and adhesion were done by an efficient surgeon prof. Abdul Ghany AL-dabbagh .
- Thanks god no death reported. 12 of tumors were malignant only 10 proved malignant ,all other were benign.

Recommendation

- Because fibroid is common tumor affected the female genital tract mainly uterus ,cervix and broad ligament, sometimes occur any where like vagina ,vulva or thighs .
- Can occur at any age but mainly 30-40 years rarely before puberty and sometime after menopause.
- I have seen daily 2-3 patients with fibroids with or with out symptoms.
- Though the tumor is mostly benign always we have to think about complications, associated diseases, ectopic, ovarian cysts or tumors, pelvic

kidney or mesenteric cyst or malignancies.

- Our hope is to find the exact cause of the tumor and prevent its occurrence or stop its growth in order to keep the uterus intact.
- Never remove it during pregnancy or at the time of C/S because of high risk of bleeding and sepsis.
- Don't remove the uterus in young age group who desire children unless after confirmation that the tumor is malignant by histopathology or severe bleeding occurred.

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