



## Study of Prevalence and Clinical Profile of Uterine Fibroids in Patients Attending Gynea OPD in Skims: A Hospital Based Study

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### Abstract

*Fibroids are most common benign tumors, these are oestrogen dependent, they are rare before menarche after menopause. Fibroids are found incidentally on clinical examination or imaging studies. Presenting symptoms of patients are pelvic pain, dysmennoria, AUB, dysparenia, pressure symptoms. Fibroids may be uterine or extra uterine.*

**Material and Methods:** *This was a prospective study done over a period of 1 and 1/2 year in skims soura hospital.*

**Results:** *Prevalence of fibroids in our study was 36%.Fibroids was more associated with AUB, it was more in age group of 30-50 years, more in multiparas. Fibroids were managed by conservative methods, medical management, surgical management, uterine artery embolisation, MRI guided focussed ultrasound.*

### Introduction

Uterine fibroids are most common benign tumours In women, these arise from smooth muscles of uterus<sup>(1)</sup>. Growth of fibroid is oestrogen dependant, it is believed that continuous oestrogen stimulation cause growth of fibroid<sup>(2)</sup>. Obesity and Nulliparity are important risk factors for growth of fibroids<sup>(3,4)</sup>. Fibroids are rare before menarche and cease to grow after menopause<sup>(5,6)</sup>. In most of women fibroids are found incidentally either on clinical examination or imaging studies done for other symptoms like pain abdomen , infertility<sup>(7)</sup>. Others may present with symptoms like abnormal uterine bleeding, non cyclic pelvic pain and dyspareunia<sup>(8,9)</sup>, a sensation of lump in lower abdomen and urinary or rectal symptoms<sup>(10)</sup>. This irregular and heavy bleeding with pelvic pain have

negative effect on women's social and emotional life and thus requires immediate attention and treatment<sup>(8,10)</sup>

Fibroids may vary in size from microscopic to gaint size .The symptoms mostly depend on size and location of fibroids. Fibroids may be uterine or extrauterine .uterine fibroids may be intramural, submucosal, subserosal. Extra uterine fibroids may be cervical, broad ligament, round ligament or uterosacral ligament fibroids, those present in uterovesical fold.

Intervention to treat fibroids include conservative management, medical treatment, uterine artery embolisation, MRI guided focused ultrasound, Minimal invasive surgery (laproscopic and hysteroscopic myomectomy) open myomectomy and hysterectomy.

Treatment options depend on age, parity and symptoms of patient. In patients who are asymptomatic with size of fibroid less than 5cm expectant management may be done.

**Material and Methods**

This was a prospective hospital based study Carried over a period of one and half year (May 2017- Dec 2018). All the patients who attended gynae OPD with complaints of irregular bleeding per vaginum, dysmennoria, anemia, pain lower abdomen, pressure symptoms and feeling of heaviness in abdomen were included in this study. Total of 500 patients were included in this study. Detailed history was taken regarding age, parity, residence, menstrual history, H/O intake of any drug, and treatment taken prior to the hospital visit for the complaint.

**Examination** includes general examination for pallor, icterus and obesity.

Abdominal examination and per vaginal for size of fibroid

Per rectal examination

**Investigation**

CBC, KFT, LFT, Blood group, routine urine examination, ultrasonography.

**Inclusion Criteria**

All women in reproductive age group 25-50 years with menstrual complaints like pain abdomen, dysmennoria, abdominal heaviness were included in this study.

**Exclusion Criteria**

All women with known fibroids

**Results**

500 patients were included in this study, 180 where those were symptoms were due to fibroid

Thus prevalence of fibroid in our Study was 36%

Clinical features of patients with fibroid

Symptoms	No.of patients	Percentage
Asymptomatic	40	22.5%
Abnormal uterine bleeding	55	30.5%
Pelvic pain	42	23.3%
Retention of urine or constipation	4	2.2%
Dysmenorrhoea	5	2.7%
Anemia	34	18.8%

**Correlation of AUB with location of fibroids**

Intramural	36	20%
Submucosal	72	40%
Submucosal polyp	27	15%
Subserosal fibroid	18	10%
Seedling fibroid	27	15%

**Distribution of fibroids according to age**

Age in years	No.of patients	Percentage
15-20yr	19	10.56%
20-30yr	55	30.55%
30-50yr	106	58.89%

**Distribution of fibroids according to parity**

Parity	No.of patients	Percentage
Nulliparity	30	16.66%
Para(1)	90	50%
Para(2)	60	33.34%

**Management of fibroids**

Treatment option	No.of patients	Percentage
Conservative Rx	16	8.8%
Medical management	39	21.66%

**Surgical management**

Open myomectomy	50	27.78%
Laposcopic myomectomy	10	5.5%
Polypectomy	8	4.4%
Hysterectomy	57	31.66%

**Discussion**

In this study that was carried in department of obstetrics and Gynaecology at Skims soura hospital. out of 500 patients attending our Opd with various complaints prevalence of fibroid was 36%. This prevalence is increased compared to previous studies as shown below

Author	Year	Sample	Dx test	Prevalence
Laughlin(11)	2009	4271	TVS	10.7%
Chen(12)	2001	3174	Lapro	10.0%
Borgfeldt(13)	2000	335	TVS	5.4%
Marino etal (14)	2004	341	TVS	21.4%
Day Baird(15)	2003	1364	Self report, medical records, usg	10-15% in white women, 30-40% in black
Downes(16)	2010	4414	Self report	11.7 to23.6%

While as prevalence of fibroids in study done by Faiza ibrar in Pakistan was 77.14%<sup>(17)</sup>. In our study the mean age group for fibroids was 30-50 years (58.89%) same results were also shown by various international studies that show that uterine

fibroids are common in 3rd and 4th decade of life<sup>(18)</sup>. Ashraf T<sup>(19)</sup> observed 80% of asymptomatic patients with fibroid were in age group of 30-50 years. In our study fibroids were common in multiparous patients 83.34% compared to 16.66% in nulliparous patients. Same results were obtained in Study done by Rashid Hafiz et al<sup>(20)</sup> and shamshad Begum<sup>(21)</sup>.

If we see the clinical profile of patients in our study 22.5% of patients were asymptomatic and were detected by ultrasound done for other reasons. Frequency of asymptomatic fibroids done by Mohanambal M, Munusamy et al was 36%<sup>(22)</sup>. AUB was seen in 30.5% of patients in our study, similarly AUB was seen in 78.8% of patients in study done by Mohanambal et al<sup>(22)</sup>. In study done by Rajeshwari in Mumbai has reported incidence of menorrhagia and metrorrhagia in 78% and 10% of patients respectively<sup>(23)</sup>. Similarly study done by Shagufta in Pakistani women from Peshawar, incidence of menorrhagia was 78.99% and 75% of them presented with both anemia and menorrhagia<sup>(24)</sup>.

Pelvic pain in our study was seen in 23.3% of patients, dysmenorrhoea was seen in 2.7% of patients, pressure symptoms in 2.2% of patients, and anemia in 18.8% of patients. prevalence of anemia in study of Mohanambal M et al<sup>(22)</sup> is high 68%, decreased prevalence of anemia in our study is because patients who present with menstrual irregularities to our Opd were put on supplemental iron therapy oral or intravenous depending on the level of hemoglobin.

Location of fibroids was done by USG. If we will see the association of menstrual disorders with location of fibroids we can find that menstrual disorders are highest in submucosal fibroids (40%) and lowest in subserosal (10%), it is not only because of location of fibroids but because of associated hyperoestrogenism, similar such studies are done by; Faiza showed association between submucosal fibroids and menorrhagia in 38.9%, 78% by Rajeshwari, 36.6% by Shagufta<sup>(17,23,24)</sup>

Out of 180 patients with fibroids 16 patients (8.8%) were put on conservative management. 39 patients (21.66%) were put on medical management, these include supplemental iron therapy, heomostats, levonorgestrel releasing IUCD, ulipristat acetate, progesterone receptor modulators (mifepristone), Gonadotropin releasing hormone analogues (GNRH analogues), Aromatase inhibitors (Letrozole, Anastrozole).

125 patients underwent surgical management, 57 patients (31.66%) were treated with hysterectomy. 50 patients (27.78%) underwent open myomectomy, laproscopic myomectomy was done in 10 patients (5.5%), and polypectomy was done in 8 patients (4.4%).

### Conclusion

Fibroid uterus is most common found in reproductive age group and perimenopausal age group. Menorrhagia is the most common complaint in uterine fibroids that brings the patient to a gynaecologist. Clinical examination followed by USG is the simple and effective tool for diagnosis of uterine fibroid. prevalence of fibroid in our study is 36% that varies with age, parity, race, diet and environmental factors.

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