Fibroids

Diagnosis

Risk Factors for Uterine Fibroids (Myomas)

- Ages 30 to 40. By 50 years, more than 80% of women may develop fibroids
- Elevated among African Americans who experience an earlier presentation and faster growth of masses
- Obesity increases risk 2-3 fold
- Family history
- High blood pressure
- No prior pregnancy

Symptoms

Most Common:

- **Prolonged or heavy menstrual bleeding** (usually presents in patients who have fibroids that abut the endometrial lining)

- **Severe or chronic pain**
  - Menstrual pain
  - Non-menstrual pain

- **Reproductive issues**
  - Infertility
  - Pregnancy complications

- **Symptoms related to a bulky uterus**
  (Defined as fibroid growth causing the uterus to double or triple in size)
  - Abdominal bloating or protrusion
  - Pelvic pressure
  - Urinary frequency or incontinence (bladder dysfunction)
  - Constipation (bowel dysfunction)
  - Early satiety

Diagnosis

- **Assess for uterine dysfunction**
  - Abnormal bleeding (i.e., timing, duration, volume, pattern)
  - Prior history of heavy bleeding, miscarriages, infertility
  - Pelvic pain
  - Presence of mass on palpation: Assess for size, contour, mobility, and level of uterine fundus (e.g., enlarged, mobile uterus w/irregular contour)
  - Laboratory tests (i.e., check for thyroid function or anemia, if appropriate)
  - Imaging (ultrasound)

- **Consider other possible risk factors:**
  - Age (i.e., menopausal transition)
  - Rule out endometriosis, gynecologic cancer

Sources:
UpToDate. Uterine Fibroids-Diagnosis
National Institutes of Health. Risk Factors for Uterine Fibroids.

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Treatment

Use a stepwise approach to resolve, or reduce, disruptive symptoms. The treatment plan should begin with the least invasive management options first, and take into account: efficacy, safety, tolerability, ease of use, ancillary benefits (i.e., contraception), and cost. Recommended management strategeis should reflect patient preferences and priorities.

- **Medications**
  - **Estrogen-progestin contraceptives** (pill, ring, patch): Controls heavy bleeding and painful periods. May lead to increased growth of fibroids but the benefit may outweigh any risk.
  - **Progestin-releasing intrauterine device** (IUD): Reduces heavy, painful bleeding when fibroids do not distort the inside of the uterus.
  - **Tranexamic acid**: Reduces heavy bleeding and blood loss but does not stop menstrual cycles.
  - **High-dose oral progestins:** Can reduce heavy bleeding but less effectively than an IUD.
  - **Selective progesterone receptor modulators** (ie, mifepristone, ulipristal acetate): Reduces bleeding and fibroid volume.
  - **GnRH antagonists**: Can lessen bleeding and may shrink fibroids but with serious side effects (i.e., bone loss, vaginal dryness, night sweats/hot flashes), which can be managed with “add-back” therapy (low-dose estrogen or progestin). Recommended for 6 months alone or 12 months with the additive hormonal therapy.

- **Imaging studies:**
  - Warranted when surgical or interventional treatment is anticipated and/or for suspicion of uterine cancer.

- **Interventional radiology**
  - **Uterine artery embolization (UAE)**: For patients who are premenopausal with no plan for pregnancy; Up to 90% of patients report improved/resolved symptoms.
  - **Focused ultrasound**: Induces coagulative necrosis in fibroids; pregnancy remains possible after the procedure.
  - **Endometrial ablation:** Limited role for patients with heavy bleeding and fibroids and a bleeding disorder. However, an IUD is the preferred method to lessen heavy bleeding.

- **Surgery**:
  - **Myomectomy.** A minimally invasive procedure used to remove intracavity masses while leaving the uterus intact; fibroids are not likely to regrow but new masses may develop. This procedure increases the risk for C-Section. Viable option when future pregnancy is desired and there is a need to multiple symptoms:
    - Heavy bleeding
    - Recurrent pregnancy loss
    - Infertility

  - **Hysterectomy:** Now of limited use (i.e., for large masses, removal of ovaries, or cancer); this option is reserved for patients with no intention of future pregnancy.

Sources:
UpToDate. Uterine Fibroids-Treatment.
Am Fam Physician. Uterine Fibroids: Diagnosis and Treatment.

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