

A study of clinical profile and factors associated with uterine fibroids at tertiary health care center

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Abstract

Background: Fibroids are the most common benign neoplasm of the reproductive organs in women of reproductive age. Fibroids lead to heavy vaginal bleeding, endometriosis, abdominal pain and infertility. Accurate diagnosis and treatment of fibroid is important in the prognosis of disease. **Aim and objective:** to study the clinical profile and factors associated with uterine fibroid at tertiary health care center **Methodology:** This is a prospective study carried out in a tertiary care center. Study population were 100 patients presenting with uterine fibroid. Data regarding age, detailed history regarding age, parity, diet, geography and race, previous menstrual pattern, was collected with pretested questionnaire. clinical and bimanual pelvic examination were carried out. Data was analysed with appropriate statistical tests. **Results and discussion:** Mean age of the patient was 35.23 ± 2.4 years. Fibroids were common in parity 1-2. Most common symptoms were menstrual disturbances(76%) and anaemia (78%) single intramural fibroid was observed most commonly (63%).

Key Word: uterine fibroids.

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INTRODUCTION

Uterine fibroids are the most common benign tumors of the genital organs in women of childbearing age. The peak incidence of symptoms observed among women in their 30s and 40s.^{1,2} They consist mainly of smooth muscle cells and contain different amounts of fibrous tissue³. Growth of fibroid is dependent on estrogen production, especially continuous estrogen secretion when uninterrupted by pregnancy and lactation, it is the most important risk factor for the development of

myomatous fibroid. Fibroids occurs in 20-40% of women during reproductive age and 11-19% in perimenopausal age.⁴ The site, size and numbers of fibroid vary from one woman to another. Symptoms depend on the location of the lesion and its size. Woman with fibroids can be asymptomatic or may present with menorrhagia, pelvic pain with or without dysmenorrhoea or pressure symptoms, infertility and recurrent pregnancy loss⁵. Fibroids lead to heavy vaginal bleeding lead to anemia and iron deficiency. Fibroids may also present alongside endometriosis, which itself may cause infertility. Adenomyosis may be mistaken for or coexist with fibroids. In very rare cases, malignant growth, leiomyosarcoma can develop⁶. Medical management at present includes use of GnRH, selective estrogen receptor modulators (SERMs), antiprogestins (RU486 and asnoprisinil), and aromatase inhibitors (carbegoline, danazol, and gestrinone)⁷. Surgical treatment is myomectomy or hysterectomy. Uterine fibroid affect the reproductive period of a woman and quality of life too so this study was conducted to see the clinical profile and factors associated with uterine fibroid.

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AIM AND OBJECTIVE

to study the clinical profile and factors associated with uterine fibroid at tertiary health care center

METHODOLOGY

This is a prospective study carried out in a tertiary care center. Study population were patients presenting with uterine fibroid .Total 100 patients were studied during study period.

Inclusion criteria

- Patients presenting with uterine fibroid.

Exclusion criteria

- fibroid and pregnancy
- Postmenopausal
- patients not willing for surgery
- Patients who have not given consent for study.

This study was approved by ethical committee of the hospital. A valid written consent was taken from patients after explaining about the study and operative procedure. Data regarding age, detailed history regarding age, parity, diet, geography and race, previous menstrual pattern, was collected with pretested questionnaire. Local, clinical and bimanual pelvic examination were carried out. The patients were investigated for routine investigations like blood group and Rh-typing, HB%, RBS and urine analysis and pelvic USG. Data was analysed with appropriate statistical tests.

RESULTS

Total 100 patients were studied. Mean age of the patient was 35.23 ± 2.4 years. Majority of the patients were in the age group of 31 -40 years followed by 41-50 years. Fibroid was not seen below 20 years. Only 2 patients were above 50 years. Table 2 shows distribution of patients according to parity. Majority of the patients with fibroid were with parity 1-2. 15 patients were having parity above 4. Table 3 shows distribution of patients according to size of uterus. Majority (47%) patients were with size of uterus corresponding to 13-20 weeks followed by 21-24 weeks (34%). Uterine size >24 weeks was observed in 19% patients. Out of 100 patients 83% were not having family history of fibroid while 17% patients were having history of fibroid. Table 4 shows distribution of patients according to symptoms and signs observed. 76% patients were having menstrual disturbances. 78% patients showed anaemia according to hemoglobin estimation. It can be due to excessive bleeding during menstruation.43% patients complained of abdominal lump. Other symptoms and signs observed were pain in lower abdomen (15%), Dysmenorrhoea(29%), urinary frequency (15%), dyspareunia (14%), infertility (21%) and mass protruding out of vagina (11%). Primary infertility was observed in 9% patients and secondary infertility was seen in 12% patients. Table 5 shows USG findings according to patients. single intramural fibroid was observed most commonly (63%) followed by multiple submucosal fibroids (19%). Subserous fibroids were seen in 6 patients. cervical fibroids were seen in 11% patients and only one patient had broad ligament fibroid.

Table 1: Distribution of patients according to age group

Sr no	Age group	No of patients	Percentage
1	< 20	00	0%
2	21-30	08	8%
3	31-40	49	49%
4	41-50	41	41%
5	>50	02	2%

Table 2: Distribution of patients according to parity

Sr no	Parity	No of patients	Percentage
1	0	11	11%
2	1-2	45	45%
3	3-4	29	29%
4	>4	15	15%

Table 3: Distribution of patients according to size of uterus

Sr no	Size of uterus (Weeks)	No of patients	Percentage
1	13-20	47	47%
2	21-24	34	34%
3	>24	19	19%

Table 4: Distribution of patients according to symptoms and signs

Sr no	Symptoms and sign	No of patients	Percentage
1	Menstrual disturbances	76	76%
2	Abdominal lump	43	43%
3	Pain in lower abdomen	15	15%
4	Dysmenorrhoea	29	29%
5	Urinary frequency	15	15%
6	Dyspareunia	14	14%
7	Infertility	21	21%
8	Anaemia	78	78%
9	Mass protruding out of vagina	11	11%

Table 5: Distribution of patients according to USG findings of fibroid

Sr no	USG findings of fibroid	No of patients	Percentage
1	Single intramural	63	63%
2	Multiple submucosal	19	19%
3	Subserous	06	6%
4	Cervical	11	11%
5	Broad ligament fibroid	01	1%

DISCUSSION

Total 100 patients were studied. Mean age of the patient was 35.23 ± 2.4 years. Majority of the patients were in the age group of 31 -40 years (49%) followed by 41-50 years (41%). Similar findings were seen in Zhang *et al*⁸ and Coronado *et al*⁹ where they observed perimenopausal age group was more affected. In our study, Majority of the patients with fibroid were with parity 1-2. 15 patients were having parity above 4. As parity increases incidence of fibroid uterus decreases. It shows protective effect. Similar findings were observed in Samadi AR *et al*¹⁰ and Sato F *et al*¹¹. In our study majority (47%) patients were with size of uterus corresponding to 13-20 weeks followed by 21-24 weeks (34%). Table 4 shows distribution of patients according to symptoms and signs observed. 76% patients were having menstrual disturbances. 78% patients showed anaemia according to hemoglobin estimation. 43% patients complained of abdominal lump. Similar findings were seen in previous studies.¹²⁻¹⁴ In present study single intramural fibroid was observed most commonly (63%) followed by multiple submucosal fibroids (19%). Subserous fibroids were seen in 6 patients. cervical fibroids were seen in 11% patients and only one patient had broad ligament fibroid.

CONCLUSION

uterine fibroids are more commonly seen in 30-40 age group. Menstrual disturbances is the most Common symptom.

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