KIRTI Joshi (name changed), a 30-year-old IT engineer from Mumbai went for a 3-D sonography of the fetus in the fourth month of her pregnancy. She was told that she had multiple tumors in her uterus. As her appointment with her gynecologist was two days later, restless and scared, she started searching for information about her medical condition on the Internet – the images shown on the web gave her a scare. This is not the story of a single woman but one out of five women during child bearing.

Many women worldwide from the age of puberty to first pregnancy ignore symptoms like heavy menstrual bleeding (medically termed menorrhagia), the passage of blood clots in menstrual discharge, menstrual periods that last longer than normal, need to urinate more often, pelvic cramping or pain with menstrual periods, sensation of fullness or pressure in lower abdomen and pain during intercourse. These are some typical signs of the presence of fibroids. Sometimes there are no symptoms during fibroids.

Pelvic examination may show that one has a change in the shape of the uterus, which suggests the presence of fibroids. If a woman is extremely overweight then it can be difficult to diagnose fibroids. An ultrasound or a pelvic MRI is done to confirm the diagnosis of fibroids. An endometrial biopsy (biopsy of the uterine lining) or laparoscopy of fibroids may be required to rule out cancer.

Uterine fibroids are benign (noncancerous) tumors that develop in the uterus. In scientific language, fibroids are known by terms like uterine leiomyoma, myoma or fibromyoma. They can be so tiny that you need a microscope to see them and sometimes can grow very large that they may fill the entire uterus and weigh several pounds. Although it is possible for just one fibroid to develop, usually there is more than one.

Till date, the causes of uterine fibroids are unknown. Generally their growth has been linked to the shift in levels of the hormone estrogen. As long as a woman with fibroids is menstruating, the fibroid will probably continue to grow, usually slowly.

On the basis of location, fibroids are grouped into four classes:

a) Myometrial fibroids are present in the muscle wall of the uterus
b) Submucosal fibroids are present just under the surface of the uterine lining
c) Subserosal fibroids are present just under the outside covering of the uterus and
d) Pendunculated fibroids occur on a long stalk on the outside of the uterus or inside the cavity of the uterus.

Fibroids may contribute to an infertility problem. Submucosal or intramural fibroids inside the uterus are especially associated with infertility. However, only two to three percent of
infertile women are unable to conceive due to uterine fibroids. Because of this, women and their partners should do thorough infertility investigation to identify additional causes of fertility problems.

According to Dr. Rama, who runs an infertility clinic in Karnataka, “Infertility may result from uterine fibroids for several reasons, like changes in the endometrium may make it unlikely for a fertilized egg to attach to the uterine wall. In addition, one or both fallopian tubes may be compressed or blocked, thus preventing the sperm from reaching the egg. Conception rate after any of the surgical techniques (myomectomy) used to remove fibroids is generally good but depends upon other factors that influence fertility such as age, previous pregnancy, ovariatory status, the status of the fallopian tubes, and the male’s semen quality. Fibroids may increase miscarriage rates by impairing successful implantation of an embryo. Changes in the endometrium or in the blood supply to the uterus may also cause early miscarriage. In addition, increased risk of premature delivery and other pregnancy related problems can be associated with fibroids.”

Treatment of fibroids depends on several factors like the patient’s age, general health, severity of symptoms, type of fibroids, whether you are pregnant or whether you want children in the future, etc. Doctors suggest treatments like taking oral contraceptives to help control heavy periods, using Intrauterine Devices (IUDs) that release the hormone progesterone to help reduce heavy bleeding and pain, taking iron supplements to prevent or treat anemia due to heavy periods, use of non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen or naprosyn for relieving cramps or pain and short-term hormonal therapy injections to help shrink the fibroids.

Western medicine advocates surgical treatment for larger tumors, namely, hysteroscopic resection of fibroids, uterine artery embolization, myomectomy and hysterectomy. Hysteroscopic resection of fibroids is done on fibroids growing inside the uterine cavity. Uterine artery embolization procedure stops the blood supply to the fibroid, causing it to die and shrink. Women who may want to become pregnant in the future should discuss this procedure with their health care provider. Myomectomy removes the fibroids and is often the chosen treatment for women who want to have children, because it can preserve fertility. But fibroids can recur after a myomectomy. Hysterectomy is an invasive surgery and may be an option if medicines do not work and other surgeries and procedures are not an option.

Generally, the complications associated with fibroids include a) Severe pain or heavy bleeding that may require emergency surgery, b) Twisting of the fibroid, which causes a blockage in nearby blood vessels feeding the tumor, c) Anemia if the bleeding is very heavy, d) Urinary tract infections, if pressure from the fibroid prevents the bladder from fully emptying and e) Cancerous changes called leiomyosarcoma in rare cases.

Detection and treatment of fibroids before pregnancy proves beneficial because untreated fibroids may lead to complications like delivering a premature baby due to the lack of enough room in the womb. A C-section may be needed if the fibroid blocks the birth canal or causes the baby to be in a dangerous position. Some pregnant women with fibroids have heavy bleeding immediately after giving birth.

The long term consequences of fibroids may be frightening and hence they cannot be left untreated.

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