



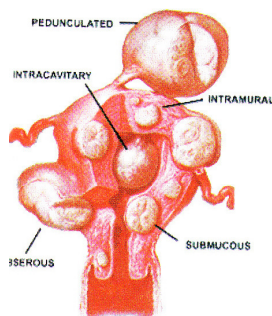
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Fibroids – The commonest tumour in women

Fibroids are common tumours of the uterus (womb) found in over 20 % of young women. There are firm ball like and may vary in size from pin point to very large. Fibroids are diagnosed by the history, gynaecological examination and sonography. They are named according to their position in the womb and the symptoms and problems they cause as well as their management, depend upon their location.

Subserosal fibroids are those, which grow on the outer side of the uterus. These usually cause no problems unless they grow very big when they start causing pressure on the urinary bladder or intestines or start showing as a bulge in the lower part of the stomach. Only the large serosal fibroid need to be removed. This surgery can be done by making a cut on the stomach (abdomen) or by keyhole or (laparoscopic) surgery. By both methods the tumour is removed and the gap on the womb is stitched. Nowadays even large fibroids are being removed by the laparoscopic route. This has been made possible due to the availability of a new machine called morcellator, which reduces the tumor to small pieces. The surgery is cosmetic as there is no large scar. Furthermore the patient has to stay in hospital only for 2-3 days.

Intramural fibroids lie in the middle of the womb and may cause pain during periods and sometimes problems during pregnancy if they are large. They can be removed in the same way as serosal fibroids. The fibroids which cause maximal problems are the **submucous** ones which grow on the inner side of the womb - where the baby grows or the part which sheds during menses. Even small submucous fibroids can cause pain, heavy menses, infertility, recurrent abortions and difficulty in normal delivery. Even small submucous fibroids need to be removed and this is achieved by hysteroscopic surgery. A thin telescope with a camera attached to it (hysteroscope) is introduced into the womb



through the vagina and the fibroid is shaved off. This is a surgery which gives rapid recovery and relief to the patient.

If the woman is older, has multiple fibroids and has completed her family, the entire uterus along with fibroids can be removed. This can be done by opening the abdomen (laparotomy) or by laparoscopy. The fibroids usually are non cancerous tumours but they can recur

There is no efficient and permanent

non surgical treatment available. Since fibroids may be found in women of all ages from those in 20's to those in their 50's, it is best to have regular gynaecological check ups.

Q I am 29 yrs. old and suffer from pain during my periods. I was diagnosed as having a large fibroid when I did a sonography recently. Are there any medicines that will treat this fibroid or do I have to undergo surgery?

Aditi

A fibroids are non-cancerous tumours which if large and placed deep inside the uterus (womb) can cause heavy menstrual bleeding, pain, infertility and abortions. There is no permanent cure with medicines and removal of fibroids is the only option in a young woman like you. This can be done by Keyhole surgery (laparoscopy) in which even large fibroids can be removed through a 1-2 cm cut on the stomach (abdominal wall). If the fibroid is on the inner side of the womb, it can be shaved off with the help of a hysteroscope and this can be done without any cuts or stitches. The recovery from these surgeries is very good and hospitalization is for 1-2 days only. Some cases may require an open surgery with a 3-4 inch cut on the abdomen.

Q I am 42 years old and have noticed some changes in my menstrual cycle. My sister stopped having periods when she was 42, and my mother stopped when she was 45. My periods have been getting shorter and shorter and are now down to about 15 days. Otherwise they are normal. Is this unusual? Should I be taking hormones?

Mrs. Rao

A the age at which menopause i.e. stoppage of the periods occurs is usually around 50 years. However this is different in families and is often genetic. Few years prior to stoppage of menses they tend to become irregular, either frequent or delayed and may reduce or increase in quantity. However bleeding every 15 days is definitely abnormal and should be investigated with pelvic examination, hormone study and sonography, since there may be many other problems such as fibroids, cysts or tumours causing such symptoms. Do not neglect this problem but see a gynecologist soon. Hormonal therapy without proper investigations is definitely not to be taken.

For free consultation: email: askthedoctor@rediffmail.com