

3 CLASSES OF FIBROIDS

By the time they hit 40, around 30% of women would have one or more fibroids. Find out what they are, how they are categorised, and the various treatment options.



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Also called leiomyomas or myomas, fibroids are typically non-cancerous tumours that can grow in the uterus, uterine wall, or on its surface. They are commonly found in women during their childbearing years — usually between 30 and 40 years old — but can also develop at any age. Why they form is still unknown, although hormones and genetics may render a woman more susceptible.

Fibroids vary in size, shape and location. Some are too small to be seen with the naked eye, while others show up in big clusters and affect the size and shape of the uterus. Developing a fibroid does not translate to a higher probability of getting uterine cancer.

Fibroids may be classified according to their location within the uterus:

- 1 **Subserous fibroids** grow in the outer wall of the uterus
- 2 **Intramural fibroids** grow within the inner wall of the uterus
- 3 **Submucosal fibroids** protrude into the cavity of the uterus

Symptoms

Different symptoms may present, depending on the location and size of the growths.

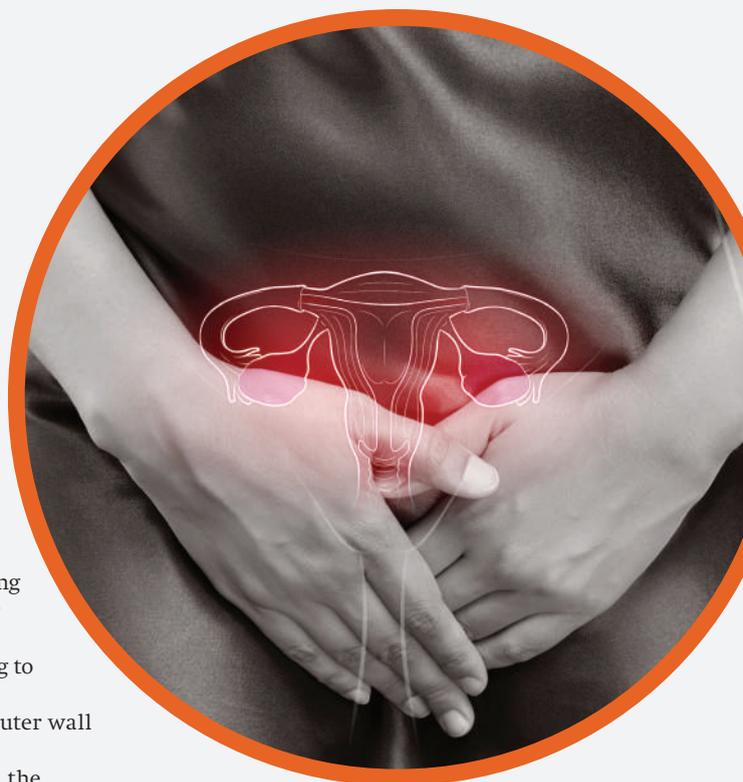
Submucosal fibroids protruding or pressing into the uterus cavity may cause heavy or prolonged menstrual bleeding. Large subserous or intramural fibroids may cause pelvic pressure or pain. Fibroids lying close to the bladder may cause frequent urination, or prevent the complete emptying of the bladder. Fibroids lying at the back of the uterus close to the bowels may cause difficult bowel movement.

Occasionally, women may not have symptoms at all; their fibroids are discovered incidentally, usually during a physical examination when a large abdominal mass is detected.

Treatment

An ultrasound scan is useful in the diagnosis of fibroids as well as for monitoring their size. The doctor may recommend further treatment based on individual circumstances such as:

- Nature of the symptoms, such as severity of pain or heavy menstrual flow
- Desire for fertility



- Size of the lesion
- Risk of cancer

Fibroids are usually non-cancerous and may often be observed with regular monitoring using ultrasound scans. However, if fibroids are seen to be growing and causing symptoms, or if they reach over 5cm, treatment is usually recommended.

Options for treating fibroids include:

- **Medication for symptoms** Medication may be prescribed to reduce menstrual pain and the intensity of menstrual flow due to fibroids.
- **Myomectomy** Myomectomy refers to surgery to remove the fibroids, leaving the uterus intact to allow childbearing. However, there is a risk of fibroid recurrence. The surgical approach varies with the size and location of the fibroids. Fibroids may be removed by laparoscopy (key-hole method) or laparotomy (open abdominal approach). Submucous fibroids protruding into the cavity of the uterus may be removed by hysteroscopy (through the vagina without the need of any abdominal incision).
- **Hysterectomy** Surgery to remove the uterus is a permanent solution for fibroids but ends childbearing capability. Hysterectomy can also be carried out by laparoscopy or laparotomy.