



STUDY OF CLINICAL PRESENTATION AND SOCIO-DEMOGRAPHIC PROFILE OF PATIENT WITH FIBROID PRESENTING IN A TERTIARY CARE HOSPITAL OF SAURASHTRA REGION

Gynaecology

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ABSTRACT

Background: Uterine fibroids or simply myomas are benign monoclonal tumors of smooth muscle cells of myometrium. This study was conducted in women belonging to poor socio-economic class to find out clinical presentation, prevalence of uterine fibroids, their knowledge about health services and to develop modalities to improve awareness and early reporting to prevent morbidity and improve quality of life.

Methods: This prospective study was done in Guru Gobind Singh General Government hospital attached to Shri M P Shah Medical college, Jamnagar, Gujarat from July 2017 to June 2018 for the period of 1 year. Socio-demographic profile, detailed menstrual history, reason for attending hospital and previous treatment taken prior to the hospital visit were recorded. Women with pregnancy with fibroids were excluded from the study. Clinical, local and ultra-sonographic examination was done for the morphology of the fibroids. Comparison was done with histological picture for accuracy in clinical and sonographic diagnosis.

Results: Out of 346 women who presented with uterine fibroids, menorrhagia or with abdomino pelvic mass, 248 patients were registered for this study. Rest of 98 patients were excluded due to refusal for surgery, coexisting fibroid with Adenomyosis. Of 76 patients who had uterine fibroids: 66% had menorrhagia with severe anemia, 23% needed blood transfusion, 2 were nulliparous women. Menorrhagia was the commonest menstrual pattern seen in 58.8% women. Asymptomatic fibroids with huge abdomino pelvic mass was seen in 26 women (34.2%). The size was 12-28 weeks. The mean age was 46 years. Abdominal hysterectomy was done in 68 women (89.47%), polypectomy in 4 and myomectomy in 4 nulliparous women.

Conclusions: Further research is needed to find out biological factors causing fibroids including diet, stress, environmental and racial influences. Routine screening, early detection, increase awareness by early reporting to the hospital will reduce morbidity and improve quality of life socioeconomically.

KEYWORDS

Abdominal pelvic mass, Anaemia, Menorrhagia, Uterine fibroids, myoma.

INTRODUCTION

Uterine fibroids or simply myomas are generally benign, monoclonal tumours of the smooth muscle cells of myometrium. They are commonly encountered in gynaecological practise (5-20% of women in the reproductive age group) and takes 3-5 years to be clinically palpable unlike ovarian tumours.

The exact etiology of the tumours is unknown; however, several interesting associations have been noted like chromosomal abnormalities. Both oestrogen and progesterone appears to promote the development of fibroids. Incidence of fibroid increases with age. Progesterone has ability to stimulate a growth factor, transforming growth factor-beta (TGF- β), which seems to modulate cell development and proliferation.

The presentation of uterine fibroids is quite variable, with most being asymptomatic. The commoner symptoms include an abdominal mass, menorrhagia, pain, dysmenorrhea, recurrent abortions, and pressure symptoms from the myoma, multiple sub mucous fibroids which distort the myometrial cavity. The slow growing asymptomatic fibroids are seen more frequently in 30% of multiparous women belonging to perimenopausal age. They attain huge size without causing menstrual symptoms. Most of these are intramural which are confined to myometrium. Symptomatic fibroids are seen in 35-55 years age group. Fibroids increase in size as women grow older and cause pressure symptoms and majority needed surgical interventions like hysterectomy or myomectomy.

Various treatment options exist depending on the size, location, number, and symptoms. Options range from conservative therapy, where the fibroids have no obvious symptoms and simple monitoring is instituted, to medical and surgical where the myoma has caused significant symptoms. Medical management at present is only used for short-term therapy because of the significant risks with long-term treatment; also, there is a lack of evidence regarding the benefits and risks of long-term therapy with the newer medical agents. It is not a curative therapy but can be used in perimenopausal women to tide them over into the menopausal state or in women who need to buy time prior to surgery, e.g. in cases where the patient is unfit for surgery or when the fibroids are extremely large and shrinkage is desired before

surgery. Surgical treatment could be by myomectomy or hysterectomy, with hysterectomy being the only option offering total cure.

METHODS:

This prospective study was conducted in department of obstetrics and gynaecology, Guru Gobind Singh General Govt Hospital attached to Shree M P Shah Medical College, Jamnagar during the period of July 2017 to June 2018 for the period of one year.

Inclusion criteria:

All women belonging to age group of 25-55 yrs who attended Gynaecology OPD with complaints of menstrual disorders with anemia or abdomino-pelvic mass with pain and feeling heaviness in the abdomen were registered for the study.

Exclusion criteria:

Following patients were excluded from this study:

- 1) Women with fibroid and pregnancy.
- 2) Less than 5 cm fibroid on USG.
- 3) Patients who opted for medical management.
- 4) Who denied admission.
- 5) Some patients were lost during follow up.
- 6) Co-existing fibroid with Adenomyosis on USG

Preoperative assessment was done by taking detailed history regarding age, parity, previous menstrual pattern, reason for seeking medical care and the treatment taken prior to this hospital visit. Local, clinical and bimanual pelvic examination was done along with pelvic USGs for morphology of tumor.

Post-operative assessment was done by comparing histology of operative specimens and clinical, USG findings for accuracy of diagnosis, their type and clinical presentation.

RESULTS:

248 women were admitted over a period of 1 year in Guru Gobind Singh General Govt Hospital in the age group of 30-55 years for the complaints of menstrual abnormalities with anemia or abdomino pelvic mass with pain for treatment were considered for prospective observational hospital based study. Uterine fibroids with pregnancy were excluded from the study. Preoperative assessment from history,

clinical examination, ultrasonogram finding was compared with postoperative histological findings for accuracy in diagnosis and morphology of uterus. Out of 248 women prevalence of uterine fibroids was only 30.6%.

DISCUSSION:

Table 1: clinical presentation in patients with asymptomatic fibroid (26)

Clinical presentation	No. Of patients
Abdominal pelvic mass	26
Heaviness or fullness or lump in abdomen	18
Profuse white discharge per vaginum	4

26 women presented with abdomino pelvic mass without menstrual abnormality. Average size was 20weeks. Largest was 28 weeks. In a 42-year-old nulliparous woman who came for confirmation of pregnancy, Post-operative diagnosis was single intramural fibroid of approximate size of 28wks.

Table 2: clinical presentation in patients with symptomatic fibroid (50)

Clinical presentation	No. Of patients
Anemia	46
Menorrhagia	36
Dysmenorrhea	24
Mass protruded through cervix	10
Cervical fibroid causing retention of urine	6
Lump in abdomen(16-26 wks)	40

Out of 76 patients with uterine fibroid, 46 were anaemic (60.5%), 36 patients (47.36%) needed blood transfusion preoperatively, 24 patients (31.6%) needed more than one blood transfusion.

Lowest Hb in this study was 5.2gm/dl in a patient 42yrs old with multiple submucosal fibroids plus pedunculated fibroid protruding through cervix (uterus size was 24-26 wks gravid uterus size). She had menorrhagia since 1 year which had increased since last 6 months which was not responding to any drugs. Last episode on which she was admitted was severe menorrhagia since 15 days with passage of clots. She was managed medically for last 6 months as she was known case of uncontrolled type 2 DM and hypertension.

Moderate to heavy bleeding was seen in women with intramural fibroid. Excessive bleeding with clots was seen 22.2% patients who had multiple subserous fibroids. 18% patients who had leiomyomatous submucous polyps had metrorrhagia and polymenorrhea.

Table 3: Prevalence of anaemia

Haemoglobin	No. Of patients
<6gm/dl	14
6-7gm/dl	16
8-9gm/dl	24
>9gm/dl	22

Table 4: Management

Management	Number	Patients
Total abdominal hysterectomy	68	89.47%
Polypectomy	4	5.26%
Myomectomy	4	5.26%

Table 5: Correlation between usg finding and histology finding

Pathology	Usg finding	Histology finding
Single intramural	6	3
Multiple submucosal	36	16
Adenomatous hyperplasia	12	3
Submucosal fibroid polyp	4	2
Subserous fibroid	8	4
Adenomyosis with fibroid seedling	6	6
Cervical	4	2
Broad ligament	Nil	2

90% accuracy was seen in correlation between USG and post hysterectomy histological findings. Out of 12 Adenomatous hyperplasia reported by USG, 6 were submucosal fibroid polyps histologically. Adenomyosis with coexisting small fibroids was seen in 12 specimens instead of 6 reported usg. Out of 36 multiple submucosal fibroids reported by USG there were 4 broad ligament fibroids histologically.

Table 6: Socio demographic characteristics

Age	Number	Percentage
25-35	4	5.26%
36-45	60	78.9%
46-55	12	15.8%

Parity	Number	Percentage
Nulliparous	4	5.26%
Parity 1	6	7.89%
Parity 2-3	56	73.68%
>4	10	13.15%

Mean age affected was 42yrs of age in our study. All our study subjects belonged to low socioeconomic class and rural women with no knowledge of availability of health services.

CONCLUSION:

All 76 women with uterine fibroid underwent operative procedures irrespective of age and parity.

Although a benign tumor, uterine fibroids are associated with morbidity in 40% women. Prevalence of fibroid in the present study was 30.6% which varies with age, diet, stress, environmental, racial influences. More research should be done to find out etiological factors causing fibroids for early detection. Early referral to hospital will reduce morbidity and improve quality of life socioeconomically.

REFERENCES:

- 1) Shaheen S, Naheed T, Sadaf F, Rahim R; Menorrhagia due to fibroids and its management. JSOGP.2013;3(4):231-5.
- 2) Mauro T, Matuso H, Samoto T, Shimomura Y, Kurachi O, Gao Z, et al. Effects of progesterone on uterine leiomyoma growth and apoptosis. Steroids 2000;65:585-92.
- 3) Bailliere's clinical obstetrics and gynaecology volume 12, Department of Obstetrics & Gynaecology, University of Edinburgh, Centre for Reproductive Biology.
- 4) Okogbo FO, Ezechi OC, Loto OM, Ezeobi PM: Uterine Leiomyomata in South Western Nigeria: a clinical study of presentations and management outcome. Afr Health Sci 2011, 11: 271-278.
- 5) Garg R. Two uncommon presentation of cervical fibroids. People's J Sci Res. 2012;5(2).
- 6) Sajjad M, Iltaf S, Qayyum S. Pathological findings in hysterectomy specimens of patients presenting with menorrhagia in different age groups. Ann Pak Inst Med Sci 2011;7(3):160-2.