

Commentary

Types and Treatment of Fibroma

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DESCRIPTION

A fibroma, also identified as a uterine fibroid, is a non-cancerous tumour that frequently appears in the smooth muscle layer of the uterus. Fibroids are found in 70-75 percent of women. Fibromas are generally slow-growing tumours. Elastofibroma is a rare non-cancerous tumour that grows gradually in females. Fibromas may be the result of minor trauma to the area of affected skin or irritation could include insect bites, infection, or injections. Some types of fibromas may also appear as a result of essential conditions. The common symptoms of fibromas are heavy or prolonged menstrual periods, pain during intercourse, frequent urination, pelvic pain, abnormal bleeding between menstrual periods, infertility, and low back pain.

Types

Fibroids may be diagnosed during palpation (feeling with fingers or hands) implemented as part of a pelvic examination, or diagnosed through imaging, such as Computed Tomography (CT), Magnetic Resonance Imaging (MRI), and ultrasound. Fibroma tumours are classified into various types based on their pathophysiology. There are, the hard fibroma is also known as fibroma durum, which consists of many fibers and a few cells. For example, fibroma that occurs in the skin is called dermatofibroma (fibroma simplex or nodulus cutaneous). It is a special form of keloid that develops from the hyperplastic growth of scars. The soft fibroma is also known as fibroma molle (acrochordon, skin tag, fibroma pendulans). It mainly consists of less fibrous tissue and many loosely connected cells. They were mostly observed on the neck, groin, and armpits. Angiofibroma, which is commonly called fibroma cavernosum, it comprises many dilated vessels. It is a vasoactive tumour occurring mostly in adolescent males. The cystic fibroma, also known as fibroma

cysticum, has central softening or dilated lymphatic vessels. The myxofibroma is also known as fibroma myxomatodes, and is produced by liquefaction of the essential soft tissue. The cemento-ossifying fibroma is fibrous and hard, most commonly seen on the jaw or in the mouth. Sometimes it is observed with a fracture or another type of injury. Ovarian Fibroma appears in the sex cord-stromal tumour group of ovarian neoplasms. On pathological examination, ovarian fibromas are firm and tan or white. On microscopic inspection, there are interconnecting bundles of spindle cells that produce collagen mostly in thecomatous areas (fibrothecoma). The occurrence of an ovarian fibroma may lead to ovarian torsion in some cases. Other fibromas include collagenous fibroma, nuchal fibroma, fibroma of the tendon sheath, perifollicular fibroma, pleomorphic fibroma, uterine fibroma, chondromyxoid fibroma, desmoplastic fibroma, nonossifying fibroma, ossifying fibroma, neurofibroma. It can be diagnosed using FM/a test.

CONCLUSION

Treatment for fibroma depends on symptoms, fibroid size, and other factors. Asymptomatic fibroids may not need treatment. Myomectomy (surgical removal of a uterine fibroid) may be used to remove fibroids that inhibit the fertility of women who want to become pregnant. Hysterectomy (surgical removal of the uterus) is also usually performed for patients with debilitating symptoms of uterine fibroids, but it is not performed for women who are planning future pregnancies. Non-surgical uterine fibroid treatments include uterine artery embolization, medications, and focused ultrasound treatment. Currently, milnacipran, a dual norepinephrine and serotonin reuptake inhibitor, are using to treat fibroma.

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