

Myomas: An Unusual Cause of Uterine Fibroids

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DESCRIPTION

Myomas, also known as uterine fibroids, are benign (non-cancerous) growths that develop in the muscular walls of the uterus. They are one of the most common types of tumors found in women of reproductive age. While the exact cause of myomas is not fully understood, hormones, particularly estrogen and progesterone, are believed to play a role in their development. It can vary in size, ranging from small, undetectable growths to large masses that can distort the shape and size of the uterus. They can occur as a single growth or as multiple tumors and their size and location can influence the symptoms experienced by affected individuals.

Symptoms of myomas

The symptoms of myomas can vary from woman to woman and depend on factors such as the size, number and location of the tumors. Some women may experience no symptoms at all, while others may have significant discomfort. Common symptoms of myomas include:

Heavy or prolonged menstrual periods: This is one of the most common symptoms. Women may experience abnormally heavy or prolonged menstrual bleeding, sometimes leading to anemia.

Pelvic pain or pressure: Myomas can cause a feeling of pressure or fullness in the lower abdomen or pelvic area. Some women may experience sharp or dull pelvic pain that can be constant or intermittent.

Frequent urination: Large myomas can put pressure on the bladder, leading to increased frequency of urination or difficulty emptying the bladder completely.

Constipation or bloating: Myomas located near the rectum or large intestine can cause constipation, bloating or a feeling of fullness.

Backache: Some women with myomas may experience lower back pain or discomfort.

Pain during sexual intercourse: Myomas can cause pain or discomfort during sexual intercourse (dyspareunia).

Enlarged abdomen: In cases where myomas grow large, the abdomen may become visibly enlarged, leading to a change in the shape or size of the waistline.

Fertility problems: Depending on their size and location, myomas can interfere with fertility by blocking the fallopian tubes or distorting the shape of the uterus, making it difficult for a fertilized egg to implant.

Complications during pregnancy: Myomas can increase the risk of certain complications during pregnancy, such as miscarriage, preterm labor and problems with the position of the infant.

Diagnosis of myomas

Here are the common diagnostic methods used:

Medical history review: The healthcare provider will ask about the symptoms, menstrual history and any relevant medical conditions. They may also inquire about any family history of myomas or other reproductive disorders.

Physical examination: During a pelvic examination, the healthcare provider will feel the abdomen and pelvic area to check for any abnormalities. They will assess the size, shape and position of uterus to determine if there are any noticeable myomas.

Imaging tests

Ultrasound: Transvaginal or abdominal ultrasound is commonly used to visualize the uterus and detect myomas. This imaging technique create images of the uterus and identify the size, number and location of the myomas.

Magnetic resonance imaging: In some cases, a Magnetic Resonance Imaging (MRI) may be recommended to provide more detailed information about the size, location and characteristics of the myomas.

Hysterosonography: This procedure involves filling the uterus with fluid and performing an ultrasound to examine the uterine cavity and detect any abnormalities, such as submucosal myomas.

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Hysteroscopy: This minimally invasive procedure involves inserting a thin, lighted instrument called a hysteroscope through the vagina and cervix to view the inside of the uterus. It allows for direct visualization of the uterine cavity and can help identify the location and characteristics of myomas.

Biopsy: If there are concerns about the possibility of cancerous growths (rare in myomas), a biopsy may be performed.

Treatment

Medications: Hormonal medications such as oral contraceptives, gonadotropin-releasing hormone agonists or

progestin-releasing intrauterine devices may help manage symptoms, reduce bleeding and shrink the fibroids.

Minimally invasive procedures: Procedures such as Uterine Artery Embolization (UAE), myomectomy or Focused Ultrasound Surgery (FUS) can be performed to remove or shrink the fibroids while preserving the uterus.

Hysterectomy: In severe cases or when fertility is not a concern, a hysterectomy may be recommended, which involves the surgical removal of the uterus.