

•Classifications of fibroids

-It is recommend to follow the figo classifications as per the figure.

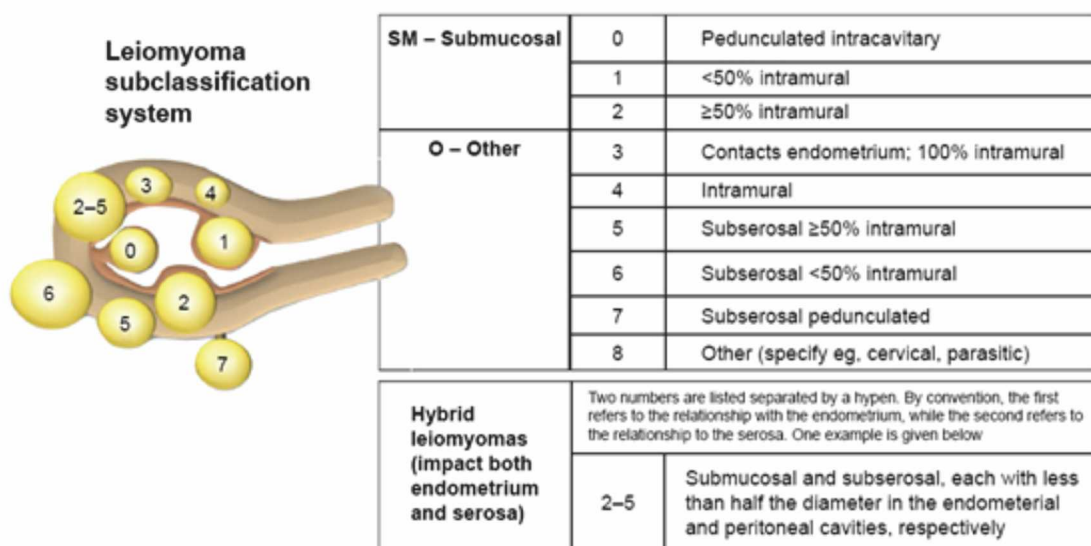


Figure 1 FIGO leiomyoma subclassification system.

Note: Reprinted from *Int J Gynaecol Obstet*. Vol 113(1). Munro MG, Critchley HO, Broder MS, Fraser IS, FIGO Working Group on Menstrual Disorders. FIGO classification system (PALM-COEIN) for causes of abnormal uterine bleeding in nongravid women of reproductive age. Pages 3–13. Copyright 2011, with permission from Elsevier.¹

Abbreviation: FIGO, International Federation of Gynecology and Obstetrics.

• **Treatment goal**

- Treatment goal is decided based on following facts

□ Age of the patient

□ Peribubertal

□ Young

□ Fertile age group

○ Pre menopause

○ Post menopause

○ Family completed

○ Willing for child

□ **Symptoms of patient**

□ No symptoms

□ Mild symptoms

□ Moderate to severe symptoms

□ **General health of the patient**

□ Normal mild risk

□ Moderate to severe risk

□ **Desire of the patient**

□ No invasion

□ Minimum invasion

□ Surgical correction

□ **Demand of time**

□ Temporary suppression/relief

□ Permanent cure

• **Submucous fibroid**

- Should always be removed

- Removal improves fertility outcome

- Fertility outcome submucous fibroid removal still does not match non fibroid patients

• **Subserous fibroids**

- Generally does not required treatment or removal

- Rarely removal for location and size related problems

• **Intramural fibroids**

- Treatment strategy is based on

□ Intramural fibroid prior to IVF

□ Size

- Number
- location
- Proximity to endometrium
- Ability to access surgically
- Deciding the best surgical procedure
- Choosing the correct route
- Potential complications
- Patient preference
- Removal is debatable
- ≥ 5 cm size removal improves fertility outcome

However consensus on this fact & size is not there

- **Treatment options of fibroids**

- **Hysterectomy**

- If the uterus is > 10 w size
- Or symptoms that are due to the fibroids
- Rapid growth
- Abdominal or vaginal

- **Myomectomy**

- Young women
- Willing for fertility
- Not willing for hysterectomy

- **Uterine artery embolisation (UAE)**

- **MRI-guided focused ultrasound (MRgFUS)**

- **Medical Management**

- NSAID
- Tranexamic acid
- COC
- SERM
- LNG IUS
- SPRM
- GnRH Agonist
- GnRH antagonist
- Danazol/Gestrinone
- Aromatase inhibitors
- Newer development

- **Progestogens**

- **LNG IUS**

It promotes endometrial atrophy and suppresses gonadotropin secretion,

It does not reduce myomata volume, but may cause amenorrhea

Submucous or intramural myomas distorting the cavity, - risk of expulsion

LNG IUS is more effective

Less adverse effects

Considered for treatment of mild symptoms, especially for women who need contraception.

- **Ulipristal acetate**

- Ulipristal acetate is used for pre-operative treatment of moderate to severe symptoms of uterine fibroids in adult women of reproductive age in a daily dose of a 5 mg tablet.

- It is a SPRM that inhibits ovulation, but has little impact on serum estradiol levels. The drug is approved for 3 months of preoperative therapy outside USA.

- **GnRH Analogue**

- Hypoestrogenic side effects (Vasomotor symptoms, Trabecular bone loss)
- Cost (High)
- Regrowth of myomas on cessation of therapy.
- Degeneration (some leiomyomas) – causing difficulty in myoma enucleation.

- **Fibroids and pregnancy**

- In most women there is no effect
- 80% remain unchanged in size
- Rarely rapid growth and red degeneration
- Increased risk of bleeding and threatened preterm delivery
- But most deliver at term
- Fibroid in the lower segment can interfere with vaginal birth
- Myomectomy at the time of Caesarean is not wise

- **Conclusion:-**

- Every fibroid does not require treatment, just because it exists. Treatment has to be customized for every patient.