ORIGINAL RESEARCH PAPER
Volume - 12 | Issue - 03 | March - 2023 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

AN OBSERVATIONAL STUDY OF FIBROID UTERUS UNDERGOING HYSTERECTOMY AT TERITARY CARE CENTRE.

Obstetrics & Gynaecology

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ABSTRACT

BACKGROUND: Due to their wide spectrum of clinical symptoms such as irregularities of menstrual cycle, pelvic tenderness and infertility were represent incredible public health burden on women and economic costs to the society. They assume importance particularly in developing countries such as India as they are an important cause of anemia. So strategies are needed to prevent the formation, to limit the growth and to treat non surgically. **AIMS AND OBJECTIVES**:The present study was done to evaluate the clinical and pathological spectrum among women with uterine fibroids at department of obstetrics and gynaecology in Dr.PSIMS &RF, chinnoutpalli,Andhra pradesh and to recognize the pattern of presentation, mode of treatment and correlated conditions treat non-surgically **METHODS:** This study was conducted in the Department of Obstetrics & Gynecology .All the patients who were undergoing hysterectomy after diagnosis with uterine fibriods in Dr.PSIMS &RF, chinnoutpalli,Andhra pradesh.The current study was a prospective observational study.100 patients were allocated consecutively.The present study was conducted during the period of December 2019 to October 2021. **RESULTS:** A prospective observational study was done among 100 patients diagnosed with fibroid uterus satisfying the inclusion & exclusion criteria and underwent hysterectomy in the department of obstetrics and gynecology, Dr.PSIMS &RF, chinnoutpalli,Andhra pradesh during the study period of December 2019 to October 2021 after obtaining informed consent.In present study, majority of patients (42%) belong to age group of 31 to 40 years followed by 40% of patients belong to age group of 41 to 50 years, 11% of patients belong to age group of 51 to 60 years and 7% of patients belong to age group of 21 to 30 years with mean age of 42.06 ± 7.21 years and a range of 25 years to 60 years.. **CONCLUSION:** It was concluded from the study that;Uterine fibroids are the most common benign tumors in pelvis of women.There is increased incidence of uterine fibroids among women with reproductive age group particularly in 3rd decade of life with seldom occurrence before puberty and cessation of growth after menopause.Although uterine fibroids are most common in women of low parity, the present study findings showed higher incidence among women with multiparous women.The incidence of asymptomatic patients was very low (1%) and infertility was observed in 16% of cases.

KEYWORDS

Leiomyoma, Hysterectomy, Histopathological examination

INTRODUCTION:

Fibroid which is also named as leiomyoma, myoma, leifibromyoma, fibroleiomyoma and fibroma is a benign tumor which originates from the smooth muscles of myometrium and the associated connective tissues of the uterus. Fibroids are the most common benign tumors in females and characteristically found during the middle and later reproductive years seen in 40 to 50% of women older than 35 years. It was estimated to occur in 40% of menstruating women older than 50 years. Symptoms caused by uterine fibroids are frequent indications for hysterectomy. Fibroids are often multiple.

Most patients with uterine fibroids are asymptomatic.1 It is believed that symptomatology depends on number, size and location of tumor, although most fibroids are believed to be asymptomatic and progress slowly.Various Medical and surgical therapies are used to treat fibroids. Medical therapy includes hypo estrogenic drugs, which causes temporary reduction in size and relief of symptoms. Surgical treatment includes myomectomy or hysterectomy. Uterine fibroid is one of the leading causes for hysterectomy today in India and worldwide.Transcatheter embolisation of the uterine arteries for symptomatic fibroids has become an increasingly important alternative treatment. It is highly effective and well tolerated by most patients. Most notably, uterine artery embolisation is minimally invasive associated with a short recovery period and is uterine sparing.

Uterine fibroids and adenomyosis were the most common benign conditions of the uterus with peak prevalence of 41 to 50 years. Ultimate diagnosis is only on histology, so every hysterectomy specimen should be subjected to histopathological examination

MATERIALS AND METHODS:

This study was conducted in the Department of Obstetrics & Gynecology .All the patients who were undergoing hysterectomy after diagnosis with uterine fibriods in Dr.PSIMS &RF, chinnoutpalli, Andhra pradesh. The current study was a prospective observational stud100 patients were allocated consecutively.The present study was conducted during the period of December 2019 to October 2021.

Inclusion Criteria:.

Women with symptomatic fibroid uterus (menstrual irregularities or pressure symptoms related to size or pain).. Parous women who completed family. Women who gave consent.

Exclusion Criteria:

Women with asymptomatic fibroid, Infertile and parous women who want to conserve uterus for pregnancy,systematic illness such as HIV,HbsAg,renal diseases or coagulation disorders.Not willing to participate.

RESULTS:

Table 1: Distribution of age among the study population (n=100):

Age group (years)	N	%
21 – 30	7	7.0
31 – 40	42	42.0
41 – 50	40	40.0
51 – 60	11	11.0
Total	100	100.0
Mean ± SD	42.06 ± 7.21 years	
Range	25 – 60 years	

Chart 1: Bar chart showing distribution of ageamong the study population:

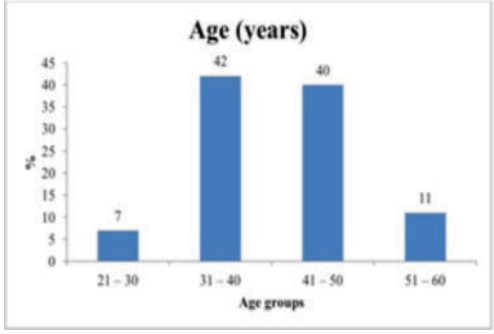


Table 2: Distribution of parity of patients among the study population (n=100):

Parity	N	%
Nulliparous	5	5.0
Para 1	16	16.0
Para 2	33	33.0
Para 3	46	46.0
Total	100	100.0

Chart 2: Bar chart showing distribution of parity of patients among the study population:

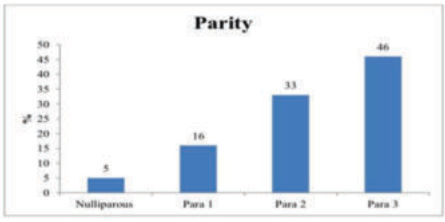
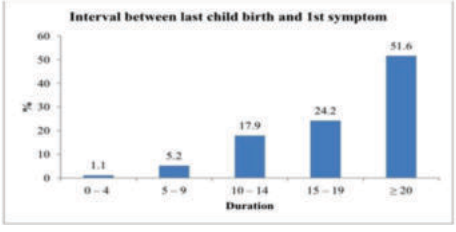


Table 3: Distribution of time interval of last child birth and first symptom:

Last child birth (years)	N	%
0 – 4	1	1.1
5 – 9	5	5.2
10 – 14	17	17.9
15 – 19	23	24.2
≥ 20	49	51.6
Total	95	100.0
Mean ± SD	18.15 ± 4.78 years	
Range	3 – 28 years	

Chart 3: Bar chart showing distribution of time interval of last child birth and first symptom:



DISCUSSION:

Human uterus anatomically could be an effortless organ to understand, but this understanding has a million of steps. It is a hormone responding female reproductive organ meant for child bearing and in every day context called as "womb".As many as 95% of myomas are corporeal in origin, only 5% are cervical.Corporeal fibroids are interstitial, subserous/submucous depending on the site of origin and direction in which they grow. To begin with most of them are intra mural, which is commonest variety and later on become either submucous (second most common variety) or subserous. Cervical fibroids arise from portiovaginalis where it is easily diagnosed of from supravaginal cervixIntramural fibroids when single cause uniform enlargement of uterus, very soon they become either submucous/subserous depending upon the direction of growth. Symptoms depend on the proximity of growth to the endometrium.Symptoms produced by submucous fibroids are early and varied. They are more vascular than the other two varieties. They may be situated at the fundal region and cause chronic inversion of the uterus. Necrosis and infection are 60 frequent.Subserousfibroids are infrequent and produce minimal symptoms and attain a huge size blood supply is scanty. They may be sessile or pedunculated Pedunculated fibroid which are free in the abdomen are very likely to undergo torsion, sometimes they can get completely detached from the parent blood supply, acquiring fresh blood supply from omentum or intestines. These are popularly termed as parasitic or wandering fibroids. The incidence of three types are; intramural (75%), submucous(15%) and subserous (10%)

CONCLUSION:

It was concluded from the study that:Uterine fibroids are the most common benign tumors in pelvis of women. There is increased incidence of uterine fibroids among women with reproductive age group particularly in 3rd decade of life with seldom occurrence before puberty and cessation of growth after menopause.Although uterine fibroids are most common in women of low parity, the present study findings showed higher incidence among women with multiparous women.Long time interval between birth of child and development of first symptom had increased incidence of uterine fibroids.The incidence of asymptomatic patients was very low (1%) and infertility was observed in 16% of cases.The most common type of uterine fibroids was intramural type followed by combination leading to multiple fibroids, submucous and subserous type of fibroids.Under microscopic observation of endometrium, proliferative and simple hyperplastic endometrium was most common.Presence of proliferative endometrium, adenomyosis and cystic ovaries all were indicative of hyper estrogenic state correlated with development of fibroids.

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