A STUDY OF MENSTRUAL DISTURBANCES IN CASES OF FIBROID UTERUS

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SUMMARY

One hundred cases of Fibroid were studied for menstrual disorders. Menorrhagia was the commonest menstrual disturbance found in 83.9% cases of submucous fibroid, 73% in intramural, 71.5% in multiple fibroid and 16.5% in cases of severe fibroid indicating that menorrhagia is not only present in submucous type of fibroid but can be associated with the other types of fibroid. Also metrorrhagia was present in 6% cases of submucous fibroid.

Introduction

Fibromyoma arising in the uterus is the most frequently occurring Neoplasm found in woman between the age group of 35-45, Galin in second centuary described a hard tumor arising from any part of the uterus as a scleroma. It was Rokitansky who gave it the proper name fibroid.

The present studies were conducted to know the frequency of occurrences of various type of fibroids, Menstrual disorders associated with them, Histopathology of the endometrium and myometrium along with pelvic pathology.

Material and Methods

One hundred cases of fibroids were studied at Zenana Hospital, Jaipur for a period of 8 months. The detailed history was taken from the patients and their clinical findings were recorded. The menstrual history was taken to categorise the symptoms as menorrhagia, polymenorrhagia, oligomenorrhagia and metrorrhagia, and pain associated with menstruation was also noted down.

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Results and Discussions

Table showing various menstrual problems in cases of fibroid.

Amongst the menstrual problems in present series menorrhagia was the commonest complaint in 57.4% cases as shown in the table. This is also noted by Rosario P. in 1968 in 37.9%, Gogoi *et al* in 1978 in 33% of cases.

Results and Discussion

Amongst the 100 cases studied menorrhagia was present in 83.9% cases in submucous fibroid, 73% in intramural, 71.50% in Multiple and 16.65% in subserous fibroid.

The above findings indicates that menorrhogia is not only with submucous fibroid but it is also seen with all types

TABLE I

S. No.	Menstrual Complaint	No. of cases	Percentage
1.	Menorrhagia	66	57.4
2.	Metrorrhagia	6	5.2
3.	Dysmenorrhoea	6	5.2
4.	Oligomenorrhoea	5	4.3
5.	Amenorrhoea	3	2.6
6.	Post Menopausal	1	0.87
7.	No menstrual complaint	13	14.43
		100	100.00

TABLE II
Showing Percentage of Types of Fibromyoma Leading to Menorrhogia

Type of Fibroid	Percentage
1. Submucous	83.9
2. Intramural	73
3. Subserous	16.65
4. Multiple	71.50

of fibroids. The reasons of menorrhagia in fibroid are as follows:

1. Compression of veins by tumor with consequent dilatation and engorgement of venous plexuses in the endometrium and myometrium.

2. Interference with uterine contractions which are alleged to control the blood flow through the uterine wall.

Metrorrhagia was present in 6 cases. It was mainly in submucous fibroid that is in 3 cases. The cause of metrorrhagia in submucous fibroid is due to surface ulceration of submucous tumor Rosario P. (1968) reported metrorrhagia in 32.9% Gogoi *et al* in 31% Upretti *et al* (1978) in 43%. Post menopausal bleeding was found only in 1 case of fibroid polyp.

Spasmodic dysmonorrhoea was present in 6 cases in this series. While Upretti *et al* (1978) in 11.53% and Rosario P. (1968) 7% of cases.

In the above table shows that in present series adenomyosis was present in 15% of cases. This has also been noted by Sanyal *et al* (1981) in 17.1%, Kasturi *et al* (1981) in 11.43% of cases. Tubo ovarian mass was seen in 4% of cases.

Follicular cyst, was seen in 9% of cases in present series. In present series leuteal cyst was present in 5% indicating that the cycles are not necessarily anovulatory in cases of fibroid.

TABLE III
Pelvic Pathology Associated with Fibroid

Pelvic organ	Pathology	No. of cases
Cervix	Cervicits	80
Ovary	Leutal cyst.	5
	Follicular cyst.	9
Tubes	Tubo Ovarian mass	4
Myometrium	Leiomyoma	85
	Leiomyoma + adenomyosis	15
	U V prolapse	2

TABLE IV
Histopathological Finding of Indometrium

Histopathological Findings	No. of cases
Proliferative phase	68%
Secretory phase	22%
Atrophic	10%

It is noted in present series and also by other authors that maximum number of cases showed hyperplastic and proliferative endometrium indicating that the tumor is mostly oestrogen dependent but cannot be wholly dependent on oestrogen as secretory endometrium is also noted.

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