

LEIOMYOMAS OF UTERUS - A CLINICAL STUDY

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SUMMARY

Clinical study of 200 cases of leiomyomas managed by hysterectomy is presented. Most common presentation was abnormal uterine bleeding (63.5%), 20% women had submucous and 22.50% subserous leiomyomas. In 29.5% women, the uterus was enlarged to more than 12 weeks size of pregnant uterus and in 8%, more than 20 weeks. The commonest indication for surgical intervention was menorrhagia. Endometrial hyperplasia was associated in 8% cases and endometrial carcinoma 0.58%. However endometrial pattern was proliferative in 40% cases.

Uterine leiomyomata which occur in one of every four or five women in reproductive life are the most common pelvic tumours in women. Unfortunately their symptomatology continues to be very variable. It is believed that it depends upon the number, size and location of tumours (Buttram et al 1981). However most leiomyomas are believed to be asymptomatic and progress slowly (Hankins et al 1989). They may be multiple and may remain asymptomatic regardless of location. Davis et al 1990). We present clinical study of two hundred cases of leiomyomata uteri managed radically surgically abdominally.

MATERIAL AND METHODS

Present study was done in the department

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of Obstetrics and Gynaecology of Mahatma Gandhi Institute of Medical Sciences Sevagram. It included only patients treated surgically, abdominally, radically. Around 20% of all hysterectomies were done for fibroid uterus during the same period.

OBSERVATIONS

Almost all the women were admitted from outdoor, however occasional patient did come in emergency with haemorrhage. The commonest symptom was lump in abdomen, 18% women with uterus of 8 weeks size or less had menorrhagia (Table I). In 29.5% women the uterus was enlarged to more than 12 weeks, and for 8% upto 24 weeks size. There were some, where it was beyond that. Most of the women with subserous fibroids, irrespective of size and number did come only with lump.

Contrary to general belief 22.5% women had subserous fibroids, 20% submucous and 47.5% intramural fibroids. Only 8% women had hyperplastic endometrium and endometrial carcinoma was associated in 0.5% cases. Proliferative phase endometrium was most commonly seen (Table II). 10% women had associated other gynaecological problems.

DISCUSSION

A variety of endometrial abnormalities have been reported to be associated with myomas varying from atrophy to hyperplasia (Jacobson and Henzer 1956, Babaknia et al 1978) and with a variety of menstrual abnormalities. Pain with the uterine leiomyoma is usually attributed to coincidental pelvic disease such as tubal inflammation, endometriosis, diverticulosis or occurrence of carcinoma (Buttram 1981). Many investigators have suggested that ulceration over a submucous tumor may be respon-

sible for the abnormal bleeding. Since submucous myomas comprise only 5% of leiomyomas, it is unlikely that they are the primary cause of such a prevalent symptom. While the incidence of menorrhagia may be affected by the presence of submucous leiomyoma the severity of bleeding may be increased due to submucous fibroids (Buttram 1981). Sehgal and Haskins (1960) were unable to show correlation between severity of bleeding and increased endometrial surface. Faulkner (1945) suggested that bleeding may be caused by interference of the tumour with uterine contractility which presently is believed to play a role in controlling uterine bleeding. Histological evidence that endometrial hyperplasia may be found in proximity to submucous fibroids suggest that local oestrogen levels may be high (Deligtish and Lowenthal 1970). Their growth always does not coincide with increasing oestrogens and it may sometimes continue

Table I

Correlation between symptoms and size of uterus

Size		Vaginal bleeding	Vaginal Discharge	Something coming out per vaginum	Lump	Infertility	Urinary tract symptoms	Other
8 wks	No	36	6	2	2	11	4	10
(n : 64)	%	59.01	9.8	3.2	3.2	18.03	6.55	16.39
9 - 12 wks	No	48	9	3	1	3	6	10
(n : 61)	%	60	19.25	3.75	1.2	3.6	7.50	12.5
13 - 20 wks	No	37	10	7	31	8	2	3
(n : 59)	%	37.75	10.20	7.14	31.63	8.16	2.04	3.06
≥ 21	No	6	2	8	13	1	-	3
(n : 16)	%	18.18	6.06	24.24	39.39	3.03	-	9.09
Total 200		127	27	20	47	33	12	26

Many patients presented with more than one symptom

Table II

Type of Leiomyoma and Endometrial Pattern

Type of Leiomyoma		Endometrial Pattern									
		PP	SP	HI	DR	HP	TBE	SE	Ca	UK	Total
Subserous	No	19	19	-	2	-	-	-	-	5	45
	%	42.2	42.2	-	4.4	-	-	-	-	11.1	
Intramural	No	40	24	8	1	11	3	3	-	8	95
	%	42.10	25.26	8.4	1.05	11.57	3.14	-	-	8.4	
Submucous	No	13	14	2	-	4	-	2	1	4	40
	%	32.5	35.0	5.1	-	10	-	5	2.5	10	
Broadligamentry (True)	No	1	1	-	-	-	-	-	-	-	2
	%	50	50	-	-	-	-	-	-	-	
Cervical	No	2	4	1	-	-	-	-	-	1	8
	%	25%	50%	12.5%	-	-	-	-	-	-	
Uterine Myomas	No	5	1	2	-	1	-	1	-	-	10
	%	50%	10	20	-	10	-	10	-	-	
Total		80	63	13	3	16	3	3	1	18	200

PP = Proliferative Phase

SP = Secretary Phase

HI = Hormonal Imbalance

DR = Decidual Reaction

HP = Hyperplasia

TBE = Tubercular endometritis

SE = Senile endometritis

CA = Carcinoma

UK = Unknown

after Climacteric (Ranney et al 1979).

All said 20 to 50% of uterine leiomyomata are estimated to produce symptoms. Brooks et al (1975) reported leiomyomas as the most common indication of hysterectomy. Myomas protruding through cervical canal are more likely to produce acute episode of severe bleeding (Baruch et al 1988), other wise the incidence is around 9.8%. Hricak et al (1986) believe that hypermenorrhea is a common indication for surgical intervention. In our women also commonest indication was menorrhagia. 22.5% women had subserous fibroids. 1.5% reported with the uterus which was enlarged to more than 30 weeks size of pregnant uterus.

REFERENCES

1. Babaknia A., Rock J. A., Jones II. W. : Fertil.

Steril. : 30, 644, 1978.

2. Baruch G. B., Schiff E., Menashle Y., Menezer J. : Obstet. and Gynec. : 72, 1-6, 1988.

3. Brooks G. G., Stage A. M. : Surg. Gynec. and Obstet. : 141, 397, 1975.

4. Buttram V. C., Reiter R. C. : Fertil. Steril. : 36, 433, 1981.

5. Davis J. L., Mazumdar S. R., Hobel C. J., Baley K., Sasoon P. : Obstet. and Gynec. : 75, 41, 1990.

6. Deligdish L., Loewenthal M. : J. Clin. Patho. : 23, 670, 1970.

7. Faulkner R. L. : Am. J. Obstet. and Gynec. : 47, 185, 1945.

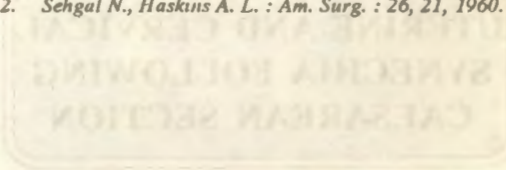
8. Hankins GDO, Cedars M. T. : J. of Clin. ultrasound : 17, 385, 1989.

9. Hricak II., Techolokoh D., Heinrichs L., Fisher M. R., Booms G. D., Robert or Jaffe B. : Symptoms Radiology : 158, 385, 1986.

10. Jacobson F. J., Benzer N. : Obstet. and Gynec. : 7, 206, 1956.

11. Ranney B., Frederick I. : Obstet. and Gynec. : 53, 437, 1979.

12. Sehgal N., Haskins A. L. : Am. Surg. : 26, 21, 1960.



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