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## Calcification of fibroids

Uterine fibroids are the most common form of benign tumor that women face. About 70-80% of women will suffer uterine fibroids until the age of 50, one or more times. They have no relation to cancer whatsoever, but can still present themselves as a nuisance within the female body. Even today, we're not quite sure why they develop and what can be the prevention of their development. These growths are not always harmless and can either be tiny or weigh several pounds in some extreme cases. The sooner the fibroids are discovered, the easier it is to remove them. 1. Intense menstrual bleeding Most women have normal menstrual cycles, with normal amounts of blood pouring out on a monthly basis. That's why this symptom is so easy to notice. In fact, the majority of women suffering from uterine fibroids find out about their condition after excessive bleeding. Besides the usual liquid blood, uterine fibroids have a characteristic of causing blood clots. You can see these during menstrual bleeding very easily. Any sign of them is a legitimate reason to see your doctor. This severe bleeding can be in the form of more blood or a longer bleeding period. Prof Lesley Regan Fibroids are common. It is difficult to know exactly how common they are as many women won't have any symptoms, and so may not know they have fibroids. Probably at least 2 in 10 women develop one or more fibroids in their lifetime, and probably more. They usually develop in women aged 30-50 and can sometimes run in families. It is common to have several fibroids of various sizes, although some women just have one. Fibroids are more common in women from Afro-Caribbean origin. They also tend to be larger, occur at an earlier age and are more likely to cause symptoms in Afro-Caribbean women. Fibroids are also more common in women who weigh over 70 kg (11 stones). This is thought to be due to the higher levels of oestrogen hormone that occur in obese and overweight women. Fibroids can increase in size, decrease in size or even go away with time. They can occur anywhere in the womb and are named according to where they grow: Intramural fibroids grow within the muscle tissue of the womb. This is the most common place for fibroids to form. Subserous fibroids grow from the outside wall of the womb into the pelvis. Submucous fibroids grow from the inner wall into the cavity of the womb. Pedunculated fibroids grow from the wall of the womb and are attached to it by a narrow stalk. What do fibroids look like? Most women who have fibroids are not aware that they have them as they do not have any symptoms. Sometimes one is found during a routine examination by a doctor or by chance during a scan which you may have for another reason. Symptoms may include: Heavy or more painful periods Fibroids do not disturb the menstrual cycle but bleeding is often heavier than usual, sometimes with more pain. This can lead to low iron levels and to anaemia which will be diagnosed by a blood test. This is easily treated with iron tablets. Bloating or swelling If a fibroid is large you may have discomfort or swelling in the lower abdomen. Some women experience lower back pain due to their fibroids. Bladder or bowel symptoms Occasionally, a fibroid may press on the bladder which lies in front of the womb (uterus). You may then pass urine more often than usual. Freely, pressure on the bowel (which lies behind the womb) may cause constipation. Pain during sexual intercourse The fibroids grow near to the vagina or neck of the womb. This can cause discomfort during sexual intercourse. Miscarriage or infertility If a fibroid is large it may affect fertility. Having one or more fibroids does not cause any problems in the first few months of pregnancy. Once you are pregnant, however, fibroids can cause problems. Your doctor will advise you further if you are pregnant and have fibroids. A fibroid is an overgrowth of smooth muscle cells and other cells from the lining of the womb (uterus). The womb is mainly made of smooth muscle. It is not clear why fibroids develop. Fibroids are sensitive to oestrogen and progesterone, the female hormones that are made in the ovary. Fibroids tend to swell when levels of female hormones are high – for example, during pregnancy. They also shrink when levels are low – after the menopause. This shrinkage of the fibroids after the menopause may be delayed if you take hormone replacement therapy (HRT). Dr Sarah Jarvis MBE Some fibroids can be felt during an internal (vaginal) examination by a doctor. Usually an ultrasound scan is done to confirm the diagnosis and to rule out other causes of any symptoms. If periods are heavy, a blood test would usually be done to check you are not anaemic. If your fibroids are not causing any symptoms then treatment is not usually needed. Many women choose not to have treatment if they have symptoms that are not too bad. After the menopause, fibroids often shrink and symptoms tend to go or ease. You can change your mind and consider treatment if symptoms become worse. Your doctor may advise you to have a repeat scan to assess the growth and size of your fibroids. Medication to improve symptoms The following medicines are used to treat heavy periods whatever the cause, including heavy periods that are caused by fibroids. These medicines may not work so well if fibroids are large. However, one or more of the following may be worth a try if your periods are heavy and the fibroids are small: Tranexamic acid is taken 3-4 times a day, for the duration of each period. It works by reducing the breakdown of blood clots in the womb (uterus). Anti-inflammatory medicines such as ibuprofen and mefenamic acid. These also help to ease period pain. They are taken for a few days at the time of your period. They work by reducing the high level of a chemical (prostaglandin) in the lining of the womb. Prostaglandin seems to contribute to heavy and painful periods. The combined oral contraceptive (COC) pill may help you to have lighter periods and can often help with period pain too. If you are unable to take this, the progestogen-only contraceptive pill (POP) may help. Although there is little evidence for the POP, it seems to help, especially if it makes your periods lighter or stops them altogether. The levonorgestrel intrauterine system (LNG-IUS) is a plastic device that sits inside the womb, originally used as a contraceptive. It is inserted into the womb and slowly releases a regular small amount of progestogen hormone called levonorgestrel. It works by making the lining of the womb very thin, so bleeding is lighter. However, it can sometimes be difficult to insert into the womb in women with fibroids. Progestogen tablets at certain times in your cycle or the progestogen-only injection. The injection, usually used for contraception, tends to reduce or stop periods. Some women are given a gonadotrophin-releasing hormone (GnRH) analogue. This is a hormone medicine that causes you to have a very low level of oestrogen in your body. Fibroids shrink if the level of oestrogen falls. This can ease heavy periods and pressure symptoms due to fibroids. However, a low oestrogen level can cause symptoms similar to going through the menopause (hot flushes, etc). It may also increase the risk of 'thinning' of the bones (osteoporosis). Therefore, this treatment is given for a maximum of six months. GnRH analogues, such as goserelin or leuprolide acetate, are often prescribed for three to four months before having an operation. This will make it easier to remove fibroids. Sometimes a low dose of HRT is also given to reduce the incidence of menopausal side-effects. A medicine called ulipristal acetate (UPA) works by blocking the effects of the hormone progesterone. Progesterone is thought to play a role in fibroid development, so (by blocking progesterone) this medicine shrinks fibroids. There are several different operations available to remove and treat fibroids. Hysterectomy: this is the traditional and most common treatment for fibroids which cause symptoms. Hysterectomy is the removal of the womb. This can be done by making a bikini line scar in the lower tummy (abdomen). Or, if the fibroids are small enough, the womb can be removed through keyhole (laparoscopic) surgery in the tummy, or through the vagina so there are no scars. A hysterectomy may be a good option for women who have completed their family. Myomectomy: this is a possible alternative, especially in women who may wish to have children in the future. In this operation, the fibroids are removed and the womb is left. This procedure is not always possible. This operation can be done through a cut (incision) in the abdomen, via keyhole surgery (laparoscopically) or through the vagina (hysteroscopically). The type of operation depends on the size, number and position of the fibroids. It is fairly common for a fibroid to occur again (recur) after a myomectomy. There is a risk of very heavy bleeding with this operation. Your surgeon should advise you that a hysterectomy may be needed if that situation arises. Uterine artery embolisation: this procedure is done by a specially trained X-ray doctor (radiologist) rather than a surgeon. It involves putting a thin flexible tube (a catheter) into a blood vessel (artery) in the leg. It is guided, using X-ray pictures, to an artery in the womb that supplies the fibroid. Once there, a substance that blocks the artery is injected through the catheter. As the artery supplying the fibroid becomes blocked it means the fibroid loses its blood supply and so the fibroid shrinks. The complete process of fibroid shrinkage takes about 6-9 months but most women notice a marked improvement in their symptoms within three months. There is a good chance of success with this procedure but nearly one in three women will need further treatment. Myolysis: this means shrinking the fibroids in some way surgically. There are a number of ways of achieving this, including the following: Endometrial ablation: this procedure involves removing the lining of the womb. This can be done by different methods – for example, using laser energy, a heated wire loop or microwave heating. This method is usually only recommended for fibroids close to the inner lining of the womb. Treatment can be done either through a tube passed through the vagina, or can be guided through the skin by MRI scan. MRI-guided focused ultrasound: this treatment sends pulses of high-power ultrasound through the skin of the lower abdomen. It is targeted at the fibroid, using the MRI scanner. It is effective but there is no research yet on the long-term outcome for women trying to conceive. Ultrasound-guided high-intensity focused ultrasound: this treatment is guided by ultrasound. See the separate leaflet called Menorrhagia Surgery for more information. Medically reviewed by Drugs.com. Last updated on Feb 8, 2021. What are Fibroids? A fibroid is a lump or growth in the uterus that is not cancerous. Fibroids can be as small as a pea to as large as a basketball. They are usually round and pinkish in color, and they can grow anywhere inside or outside the uterus. About 30% of women older than 30 years have fibroids, and they usually appear between the ages of 35 and 45. Some women are more likely to get fibroids, including black women, women who have never been pregnant and women who have a mother or sister with fibroids. The cause of fibroids is unknown. However, the female hormone estrogen seems to play a role in stimulating the growth of some fibroids. Symptoms Some women never realize that they have fibroids because they have no symptoms. In other women, uterine fibroids are discovered either during a routine gynecologic exam or during prenatal care. When symptoms of fibroids occur, they can include: Pelvic pain or pressure Heavy menstrual bleeding Bleeding or spotting between menstrual periods Unusually frequent urination Abdominal swelling Low back pain during intercourse or during menstrual periods Fatigue or low energy from heavy periods and excessive bleeding Infertility, if the fibroids are blocking the fallopian tubes Constipation Repeated miscarriages Diagnosis Usually, a woman doesn't realize that she has a fibroid until she gynecologist finds it during a pelvic exam. If your gynecologist thinks you have a fibroid, several tests can confirm the diagnosis: Pelvic ultrasound – In this radiology test, a wand-like instrument will be moved over your lower abdomen or may be inserted in your vagina to view the uterus and other pelvic organs more closely. The instrument produces sound waves that create an image of your pelvic organs. Hysterosalpingogram – In this X-ray procedure, a dye is injected into your uterus and fallopian tubes to outline any irregularities. Hysteroscopy – During this procedure, a narrow instrument that looks like a telescope is inserted through your vagina into your uterus. This lets the doctor look for abnormal growths inside your uterus. Laparoscopy – In this procedure, a thin tube-like instrument called a laparoscope is inserted through a small incision in your belly so the doctor can look inside the abdomen. Expected Duration The number of fibroids, their size and how fast they grow varies among women. Female hormones encourage fibroids to grow, so they continue growing until menopause. Some fibroids shrink after menopause. However, larger fibroids may change little or become only slightly smaller in size. If a woman has had fibroids removed surgically, new fibroids can appear any time before she enters menopause. Prevention There are no proven measures you can take to prevent fibroids from developing. Studies show that athletic women seem to be less likely to develop fibroids than women who are obese or who don't exercise. Treatment If fibroids are small and are not causing any symptoms, they do not need to be treated. Your gynecologist may do a pelvic examination every six months to a year to make sure that your fibroids are not growing rapidly. In some cases, medications can be prescribed to control any abnormal bleeding and temporarily shrink the fibroids. Medications used to shrink fibroids, such as leuprorelin (Lupron), create a temporary menopause by stopping the ovaries from making the female hormone estrogen. While estrogen levels drop and menstrual periods stop, menopausal hot flashes appear and fibroids stop growing and slowly shrink. This helps to stop blood loss from heavy, prolonged periods. However, when the medication is stopped periods return, hot flashes disappear and fibroids that have not been removed will start growing again. These medications usually are given by needle injection in a large muscle. Fibroids may need to be removed if they cause significant symptoms or are large enough to interfere with fertility. Growths in your uterus also may need to be removed if it is difficult for your doctor to tell whether they are fibroids or cancer. There are several options for removing fibroids: Myomectomy – This means cutting the fibroids from the uterine wall. Myomectomy allows a woman to keep her entire uterus in case she wants to have children. However, because this surgery can leave the uterine wall weakened, future babies may have to be delivered by Caesarean section. Surgery to remove fibroids sometimes can be done by laparoscopy, which is surgery through several small incisions in the lower abdomen. When fibroids are too large or too abundant to perform a laparoscopic procedure, then a traditional approach through a larger incision in the lower abdomen is preferred. Hysteroscopic resection – In this procedure, a viewing instrument called a hysteroscope is inserted into the uterus through the vagina. Surgical instruments attached to the hysteroscope are used to remove fibroids growing inside the uterus. This procedure sometimes is done in combination with laparoscopy, depending on the number and location of the fibroids. Uterine artery embolisation – In this X-ray-guided procedure, material is injected into specific blood vessels to plug them and stop blood flow to a fibroid or fibroids. This option is for women who do not want to undergo surgery or who do not plan to have children. In this procedure, the uterus is not removed including all fibroids within. Through other options available to remove uterine fibroids and the patient's age, and goals must be fully considered, in some cases hysterectomy is the preferred treatment. This may include situations in which fibroids are too numerous, too large, or cause heavy, prolonged bleeding and severe anemia. Some patients may prefer hysterectomy so they can be assured the fibroids will not grow back. When To Call a Professional You should call your doctor if you have any of the following symptoms: Unusually heavy or prolonged bleeding during your period (menstruation) Bleeding from your vagina after intercourse Bleeding from your vagina or blood spots on your underwear between menstrual periods Unusually frequent urination Pelvic or low back pain during intercourse or during menstrual periods Call your doctor immediately if you experience severe pelvic pain, or if you develop severe bleeding from your vagina. Prognosis Fibroids often shrink after menopause because they need female hormones to grow. Many women have small- to moderate-size fibroids throughout their childbearing years that cause them few or no problems. Several medical and surgical options are available to treat or remove troublesome fibroids without having to remove the uterus. External resources American College of Obstetricians and Gynecologists Always consult your healthcare provider to ensure the information displayed on this page applies to your personal circumstances. Medical Disclaimer

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