



Original Research Article

## A Retrospective Study on Sociodemographic and Clinical Profile of Patients Underwent for Myomectomy

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### ABSTRACT

**Background:** Leiomyoma is benign tumor of smooth muscle of Uterus. It is also commonest pelvic tumor among women especially in reproductive age and the incidence is about 30% to 70%. The majorities of uterine leiomyomas are asymptomatic and may not require any therapy. Myomectomy is performing among those women who desire to maintain their menstrual and reproductive function.

**Objectives:** 1.To know the prevalence of Fibroid (Leiomyoma) and proportion of myomectomy among them. 2. To know the various clinical presentation among fibroid patients. 3. To know the commonest site and types fibroid. 4. To find the reasons for conservative surgery and outcomes after myomectomy.

**Methods:** A retrospective study was carried out in Obstetrics and Gynecology Department of G.G. Hospital, Jamnagar over a period 6 years from November-2005 to November-2010. In this study 55 cases of fibroid in which myomectomy were performed was reviewed and each of cases was scrutinized for clinico-epidemiological profile and other necessary information. Data were expressed as number (percentage) and appropriate statistical test was applied. P value <0.05 was taken as level of significance and data were entered and analysed by MS excel-2014.

**Results:** In our study the Mean age of patients underwent for myomectomy was 29.52±5.03 S.D. The prevalence of fibroid was 9.04%. The main clinical presentation of fibroid was lower abdominal pain (44.11%). 23.52% patients had infertility due to fibroid. 17.28% of nulliparous women were conceived after myomectomy.

**Conclusion:** A lot of health problems has been attributed to or linked with fibroids in women. Many of younger females are presenting with fibroids and this will affect their fertility also.

**Keywords:** Uterus, Fibroid, Leiomyoma, Myomectomy.

### INTRODUCTION

Uterine fibromyoma, more correctly termed leiomyomata but variously referred to as myomas, leiomyofibromas, fibroleiomyomas and myomas, are the commonest pelvic tumour in women. [1,2]

These usually develop among reproductive-aged women. [3] Uterine fibroid are very common non cancerous growths that develop in muscular wall of uterus. [4] It is benign, monoclonal tumour of the smooth muscle cells of the myometrium. The

incidence is about 30% to 70% according to different diagnostic methods. [5,6]

Fibroids may occur in any of the three layers or coats of the uterus. As such, there could be intramural, submucosal and serosal. They can occur at unusual locations such as the uterine cervix or within the layers of the broad ligament. [7] Uterine fibroids represent the principal cause for hysterectomies, and lead to specific symptoms including heavy menstrual bleeding, pelvic pressure, and infertility and pregnancy loss. [3,8,9]

Treatment of women with uterine leiomyomas must be individualized, based on symptoms, size and rate of growth of the uterus, and the woman's desire for fertility. The majorities of uterine leiomyomas are asymptomatic and will not require therapy.

Although the precise cause of leiomyoma is unknown, advances have been made in the understanding of the hormonal factors, genetic factors, growth factors, and molecular biology of these benign tumours. [1,2,10,11] The diagnosis of uterine leiomyoma is mainly clinical but ultrasonography is also useful. Often diagnosis of uterine leiomyoma is made incidentally at investigation for other illness. [10-12]

The management of uterine leiomyoma ranges from the expectant, conservative to definite surgery. Myomectomy is the treatment of choice for young women especially those of low parity who are still desirous of children or those who want to maintain their menstrual function. [10]

Although the presence of leiomyoma is almost never associated with death, leiomyoma may cause morbidity, affect quality of life [1,10] and increasing economic burden to family so these benign tumors are a significant health concern in women.

The objective of this study is to evaluate the socio-demographic and a clinical characteristic of patients undergoes myomectomy at tertiary care hospitals.

## MATERIALS AND METHODS

This was an observational retrospective study carried out in Obstetrics and Gynecology Department of G.G. Hospital, Jamnagar over a period 6 years from November-2005 to November-2010.

In this study a total of 722 cases with uterine fibroid were enrolled during study period. Out of 722 those who were in reproductive age group and underwent for conservative surgery (Myomectomy) was reviewed retrospectively.

So out of 722 cases with fibroid, 55 cases underwent myomectomy were reviewed. Each of cases was scrutinized for socio-demographic, clinical profile and other necessary information.

Data were expressed as number (percentage) in tabular and graphical form. Appropriate statistical test was applied. P value <0.05 was taken as level of significance and data were entered and analyzed by MS excel-2014.

## RESULT

In our study the total 7986 patient were admitted in our ward during study period of which 722 patients had fibroid and the prevalence of fibroid was 9.04%. Out of 722 Fibroid cases Myomectomy was performed in 55 cases (7.61%). Of total study subject (n=55) all are married women and majority of them are literate (74.44%).

Table:-1 Age wise Distribution of patients underwent Myomectomy

Age groups (Years)	No. of Cases	Percentage
20-25	13	23.63
26-30	18	32.72
31-35	17	30.90
36-40	07	12.72
TOTAL	55	100

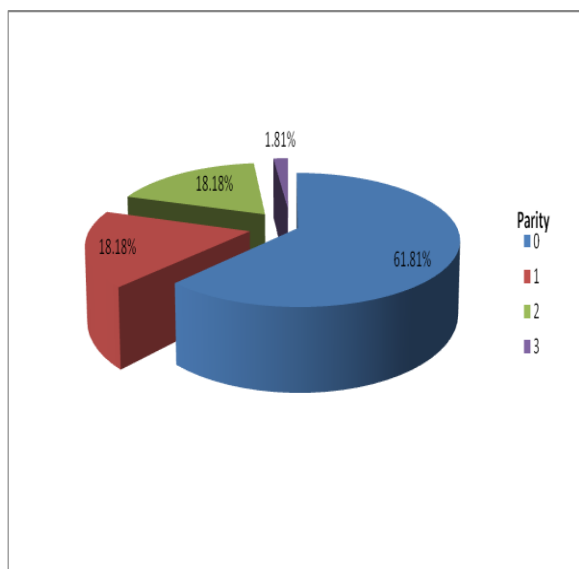
Table-1 shows that 63.62% of patients who underwent for myomectomy were between 25-35 years of age. Higher rate of myomectomy in this age group may be due to their desire for preserving

menstrual function and fertility. Mean age of patients with fibroid underwent myomectomy was  $29.52 \pm 5.03$  S.D.

**Total:-2 Distribution of patients as per presenting Complain**

Complain	No. of Cases	Percentage
Dysmenorrhea	09	13.23
Lower Abd. Pain	30	44.11
Infertility	16	23.52
Recurrent Pregnancy Loss	01	1.47
Menorrhagia	12	17.64

Table-2 shows that 44.11% of patient had Lower Abdominal pain, 23.52% was inability to conceive followed by Menorrhagia (17.64%) and Dysmenorrhea (13.23%). Of total study subjects 67.27% women had symptoms since last one year. The Mean duration of symptoms was  $3.01 \pm 4.77$  S.D.



**Graph:-1 Parity wise distribution of Myomectomy Patients**

Out of 34 nulliparous women (61.81%), 6 were conceived after myomectomy this will giving fertility rate of 17.28%.

Table 3 and 4 shows that most of the patient had anterior wall (58.18%) Intramural (56.36%) type of fibroid followed by Posterior wall (27.27%), Submucous (36.36%) and Fundal wall (14.54%), Serosal (7.27%) type of fibroid.



**Figure:-1 Types and Sites of Fibroid and Histo-pathological appearance.**

**Table:-3 Distribution of patients according to types of Fibroid**

Types	No. of Cases	Percentage
Submucosal	20	36.36
Intramural	31	56.36
Serosal	04	7.27
TOTAL	55	100

**Table:-4 Distribution of patients according to Site of Fibroid**

Types	No. of Cases	Percentage
Anterior	32	58.18
Posterior	15	27.27
Fundal	08	14.54
TOTAL	55	100

## DISCUSSION

It has been estimated that uterine fibroid are the most common benign tumors found in women. They are clinically obvious in 20-25% of women of reproductive age group. [13] As fibroid has been implicated as cause of infertility and it is accounted for 7.4% of that studied populations. [14] Most of the time fibroid grows in women of child bearing age. [15] A study conducted by Olotu, E. in Nigeria showed that 51.1% of women with fibroid belong to 26-35 years of age groups. [16] A study conducted by Yuan He MD et al found that majority of cases belongs to older age group (83.6%) and of 38.8% of women had 2 or more live birth. ( $\leq 1$  L.B 56.2%). [17]

In our study 32.72% of women belong to 26-30 years of age followed by 31-35 years of age groups (30.90%) and

mean age were 29.52±5.03 S.D. 38.17% women had 1 or more live children.

In various studies conducted by Buttran VCJR and Okolo S showed that vast majority of leiomyomas are asymptomatic. [2,6] and most common symptom of uterine leiomyoma is abnormal uterine bleeding. [2,18] Lumsden MA,Wallace EM in their study clinical presentation of uterine fibroids on myomectomy found that 30% of women suffered from menorrhagia. [18]

Pelvic pain is rare with fibroids and it usually signifies degeneration, torsion, or, possibly, associated adenomyosis. [2,18,19] In other study Pelvic pressure, bowel dysfunction, and bladder symptoms such as urinary frequency and urgency also reported. [20]

In our study majority of patient had Lower Abdominal pain (44.11%), 17.64% had Menorrhagia and 13.23% suffered from Dysmenorrhea. We also found that 67.27% women had symptoms since last one year.

The risk and type of complication appear to be related to the size, number, and location of the myomas. If the placenta implants over or in close proximity to a myoma, there may be an increased risk of miscarriage, preterm labour, abruption, prelabour rupture of membranes, or intrauterine growth restriction. [21] Fibroids located in the lower uterine segment may increase the likelihood of fetal malpresentation, Caesarean section, and postpartum hemorrhage. [21] However, a large retrospective review of ultrasounds and medical records of 12 708 pregnant women concluded that mode of delivery, fetal growth, and risk of prelabour rupture of membranes were generally unaffected by the presence of fibroids. [22]

In our study most of the patient had anterior wall (58.18%) intramural (56.36%) type of fibroid. We also find that 17.28% of nulliparous women conceived after conservative surgery. To find the role of

various factors in development of fibroid and an impact of site and types of fibroid on outcomes and sign and symptoms needs further study.

## CONCLUSION

A lot of health problems has been attributed to or linked with fibroids in women. Some of these problems include infertility, abnormal menstruation, recurrent menstruation, lower abdominal pain etc. Of importance is the fact that younger females are now presenting with fibroids and this will affect their fertility also. Conservative surgery leads to relieve from sign and symptoms among fibroid patients and also helpful to maintain their menstrual and reproductive function.

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