

## FREQUENCY OF COMMON CLINICAL SYMPTOMS IN WOMEN WITH UTERINE FIBROID

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### ABSTRACT

**Objective:** To study the frequency of common clinical symptoms in women with uterine fibroid

**Materials and Methods:** All women between 20-50 years age attending Gynae OPD, Hayatabad Medical Complex, with the ultrasound diagnosis of fibroid uterus were selected for the study. These patients were then asked questions regarding different symptoms of fibroid for example heavy menstrual bleeding, mass abdomen, and subfertility. Data was analyzed using descriptive statistics.

**Results:** A total of 128 women were included in this descriptive study. Maximum number of cases 40.6% were in the age group 20-30 years, 38.3% cases were in 31-40 years and 21.1% were in 41-50 years. About 37.5% women were multiparous and 31.2% were nulliparous. Heavy menstrual bleeding was the commonest clinical symptom seen in 68% women. Abdomino-pelvic mass was seen in 38.8% women and 18.8% women presented with subfertility.

**Conclusion:** Fibroid occur most commonly in multi and grand multi parous women. Heavy menstrual bleeding is the most common (68%) symptom associated with fibroid uterus followed by abdominopelvic mass (38.8%).

**Keywords:** Fibroid, leiomyoma, heavy menstrual bleeding, mass abdomen, subfertility

### INTRODUCTION

Uterine fibroids are slow growing, benign tumours that arises from smooth muscle cells of the uterus. At least 20% of all women and 40% of women over the age of 40 years have uterine leiomyomas.<sup>1,2,3</sup>

The exact etiology is unknown, but they are estrogen and progesterone dependent tumours, very rare before menarche, common in reproductive life, and frequently regress in size after menopause<sup>4</sup>. They are symptomatic in less than 50% of cases presenting commonly as abnormal uterine bleeding, infertility, mass abdomen and pressure symptoms.<sup>5,6</sup> These symptoms can adversely affect the quality of life especially for those residing in low economic coun-

tries where late presentation to hospitals is a common occurrence<sup>7</sup>.

The size, number and location of fibroids undoubtedly determine their clinical behaviour<sup>8</sup>. Fibroids cause heavy menstrual bleeding with subsequent anemia which could be life threatening<sup>9</sup>. They grow slowly over a long period to become clinically apparent as abdominopelvic mass with or without bulk symptoms<sup>10</sup>. Infertility and recurrent miscarriage may also be symptoms of fibroids, depending on their location and size especially for submucous and intramural myomas distorting the uterine cavity<sup>11,12</sup>. The purpose of this study is to find out the frequency of common clinical symptoms in women with uterine fibroid in our local setup and start treatment in time to minimize morbidity associated with these symptoms to improve quality of life.

### MATERIALS AND METHODS

This descriptive study was carried out in the Out Patient Department of Hayatabad Medical Complex

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from Jan 2018 – Feb 2019. All patients of reproductive age between 20 to 50 years having uterine fibroids diagnosed on ultrasound were included in this study after informed verbal consent. Patients were then asked detail gynaecological history regarding different symptoms of fibroid including, heavy menstrual bleeding, subfertility, abdominal pain, mass abdomen. Women who have these symptoms due to other causes e.g. ovarian tumours, adenomyosis were excluded from the study. Demographic characteristics like age, parity and address were recorded. Detailed history of presenting complaints of heavy menstrual bleeding, mass abdomen and subfertility was taken. A structured gynaecological examination was done to assess the size, consistency, mobility of uterus, and to exclude any adnexal pathology. All the information was entered in a predesigned performa. Data was analyzed using descriptive statistic in the form of frequencies and percentages and were calculated by using SPSS.vs. 17.

**RESULTS**

A total of 128 patients were studied. The age of patients ranged from 20 to 50 years with Mean±SD of 34.05±7.95 (Table 1).Parity of the patients ranged from 0 to 11. Most were multiparous (Table 1). Size of fibroids ranged from 3 to 12cm on ultrasound with Mean±SD of 5.75±2.48 (Table 1). Out of 128 patients, 87(68%) presented with heavy menstrual bleeding, 49(38.3%) with mass abdomen, 24 (18.8%) with subfertility (Table 5).

**DISCUSSION**

The results of this study support the conclusions of previous authors that the presence of myomas during reproductive age leads to symptoms like heavy menstrual bleeding, mass abdomen and subfertility.

In our study, age of patients ranged from 20 to 50 years. The mean age was 34.05±7.95. Similar results are reported from Muhammad NB<sup>5</sup>. Among the affected females with uterine fibroids 78.9% were between 20 to 40 years of age comparing it with observation made by Ashraf T<sup>14</sup>. According to her 80% of patients with leiomyoma were between 31 to 50 years age, similar results were quoted by Rashid H study where 72.5% patients were between 20 to 40 years of age<sup>15</sup>.

In this study fibroids were found in 31.2% of

**Table 2: Age of the patients (n= 128)**

| Age   | Frequency | Percentage |
|-------|-----------|------------|
| 20-30 | 52        | 40.6%      |
| 31-40 | 49        | 38.3%      |
| 40-50 | 27        | 21.1%      |
| TOTAL | 128       | 100.0%     |

**Table 3: Parity of the patients (n= 128)**

| Parity                | Frequency | Percentage |
|-----------------------|-----------|------------|
| Nullipara             | 40        | 31.2%      |
| Primipara             | 7         | 5.5%       |
| Multipara             | 48        | 37.5%      |
| Great Grand Multipara | 33        | 25.8%      |
| Total                 | 128       | 100.0      |

**Table 4: Size of Fibroids (n= 128)**

| Size of fibroid | Frequency | Percentage |
|-----------------|-----------|------------|
| LESS THAN 5cm   | 54        | 42.2%      |
| 5-7cm           | 35        | 27.3%      |
| MORE THAN 7cm   | 39        | 30.5%      |
| TOTAL           | 128       | 100.0      |

**Table 5: Clinical symptoms of Fibroids (n=128)**

| Symptoms                 | Frequency | Percentage |
|--------------------------|-----------|------------|
| Heavy menstrual bleeding | 87        | 68.0%      |
| Mass abdomen             | 49        | 38.3%      |
| Subfertility             | 24        | 18.8%      |

nulliparous sand 63.3% of women were either multi or grand multiparous patients. Same observation was made by Muhammad NB who observed that 69.9% of the patients were multipara and 30.1% were nulliparous patients<sup>5</sup>. Same observations were also made by Begum S. She observed that majority of the patients were multiparous(72%) and 28% were nullipara<sup>16</sup>.Our observation is contrary to that reported by other international studies which showed that leiomyomas are more common in the nulliparous women. The reason of this observation is delayed childbearing age while in our society young age marriages and early pregnancies are more common.

In women with fibroid uterus symptoms can be influenced by location, size and number of fibroids. Ultrasound is the first imaging modality in the detection and evaluation of uterine leiomyomas. Size of fibroids diagnosed on ultrasound in this study ranged from 3 to 12 cm with mean size of 5cm which

is comparable with Muhammad NB<sup>5</sup>.

In our study, out of 128 patient majority (68%) reported with heavy menstrual cycle. According to Rashid H study 64.7% of patients had increased menstrual flow per day but duration of menstruation was normal<sup>15</sup>. Shagufta's study from Peshawar also reported 75% of women presented with menorrhagia and anaemia<sup>17</sup>. Many authors have reported that menorrhagia was the commonest menstrual pattern in symptomatic sub mucous fibroids which shows correlation of menstrual pattern with various types of uterine fibroids. Gushing type of heavy bleeding is usually seen in intramural and sub mucous fibroids. So in our study fibroids in multiparous women are an important cause of menorrhagia.

In this study 38.3% of patients presented with mass abdomen which is comparable with Begum S study. According to her quoted results mass abdomen alone was noted in 24% of patients and mass abdomen with pressure symptoms in 17%, so total 41% women had mass abdomen as a chief complaint<sup>16</sup>. Munusamy M M study also reported that 36% women with fibroid uterus presented with abdominopelvic mass with complaints of abdominal pain and feeling of heaviness of abdomen without menstrual irregularity<sup>4</sup>.

An association between myomas and fertility has been observed. The location of fibroids is implicated to play a role in infertility and miscarriages with intramural and submucous locations identified as major risk. Submucous fibroids are believed to interfere with the function of the uterine lining and the ability of a fertilized ovum to implant. It is also postulated that large fibroids may distort or block the fallopian tubes. In this study 18.8% participants presented with history of infertility coexisting with uterine fibroids. Same results are quoted by Muhammad NB study (18.4%) and Alam I (17.5%)<sup>5,18</sup>. In study a conducted by Ashraf T about 20.6% women with fibroid uterus presented with infertility after excluding other causes of infertility<sup>14</sup>.

## CONCLUSION

Fibroids occur more commonly in multi and grand multiparous women. Heavy menstrual bleeding is the most common symptom associated with fibroid (68%) followed by abdomenopelvic mass (38.3%).

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