

# Fibromyomas of Uterus

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## Questions

- 380. Clinical features of uterine fibroid include all except:**
- Menorrhagia
  - Subfertility
  - Recurrent spontaneous abortion
  - Constipation
- 381. Most common type of uterine myoma: (Orissa 2006)**
- Sub-serosal
  - Intramural
  - Submucous
  - Cervical
- 382. Red degeneration of fibroid is associated with: (AI 90)**
- Postpartum
  - 3<sup>rd</sup> trimester
  - 2<sup>nd</sup> trimester
  - 1<sup>st</sup> trimester
- 383. Red degeneration of fibroid is associated with: (PGI 90)**
- Pregnancy
  - Aseptic infraction
  - Thrombosis
  - Leukocytosis
- 384. In a pregnant woman with red degeneration treatment is: (AI 2000)**
- Myomectomy
  - Conservative treatment
  - Hysterectomy
  - Termination of pregnancy
- 385. All of the following are the indications for Myomectomy in a case of fibroid uterus, EXCEPT: (AIIMS 2004 may)**
- Associated infertility
  - Recurrent pregnancy loss
  - Pressure symptoms
  - Red degeneration

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**386. Commonest degeneration in myomas: (Delhi 2005)**

- a. Fatty
- b. Hyaline
- c. Red
- d. Calcareous

**387. The uncommon change to occur in a myoma is: (AI 88, SGPGI 2002)**

- a. Calcification
- b. Red degeneration
- c. Malignant change
- d. Hyaline change

**388. Which of the following is false about fibroid: (TN 99)**

- a. Usually malignant
- b. Rare before 20 yrs
- c. Usually asymptomatic
- d. More common in nulliparous

**389. Treatment of single large fibroid in a 45 years old female: (DELHI 97)**

- a. Hysterectomy
- b. Myomectomy
- c. Observe till menopause
- d. Oral pills

**390. Red degeneration of uterine fibroid: (MP 98)**

- a. Is aseptic infraction
- b. Only occurs in pregnancy
- c. Causes leucopenia with lymphocytosis
- d. Is due to emboli occluding the major blood vessels supplying the myoma

**391. Commonest site for fibroid is: (AIIMS 91)**

- a. Submucous
- b. Intramural
- c. Subserous
- d. Cervical

**392. Degeneration of the myomata is more likely to start from: (UPSC 92)**

- a. Centre
- b. Periphery
- c. From any portion
- d. None of the above

- 393. The commonest type of myoma in the body of uterus is: (AP 96)**
- Intramural
  - Submucous
  - Subserous
  - Cervical
- 394. The % of myomas undergoing malignant change: (AI 92)**
- 10%
  - 5%
  - 1%
  - 0.5%
- 395. Myomectomy is contraindicated in (Ref: Williams, Obstetrics, 21st ed., 930)**
- Cervical fibroid
  - Multiple fibroids in grand multipara
  - Fibroid with Asherman's syndrome
  - Fibroid with endometriosis
- 396. Treatment of choice in a 45 years old multipara with a single fibroid in the uterus 12 weeks size and asymptomatic: (AIIMS 94)**
- Hysterectomy
  - Myomectomy
  - Hysteroscopic removal
  - No treatment needed
- 397. Submucous fibroid in nullipara is removed by: (AP 94)**
- Hysteroscopic removal
  - Abdominal myomectomy
  - Hysterectomy
  - Radiation
- 398. Fundal myomas commonly present as: (TN 90)**
- Inversion of uterus
  - Dysmenorrhoea
  - Urinary retention
  - Menorrhagia
- 399. Menorrhagia is the chief symptom in: (AP 92)**
- Subserous fibroid
  - Submucous fibroid
  - Interstitial fibroid
  - Cervical fibroid

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**400. Not a method of treating uterine fibroid: (DNB 2005)**

- a. Hysteroscopic resection
- b. D and C
- c. Uterine artery embolization
- d. Total hysterectomy

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## Answers

**380. Ans. d (Constipation)**

**Clinical features of uterine fibroid:**

- Although more than 50% are asymptomatic, they may lead to menorrhagia, subfertility, recurrent spontaneous abortion, urinary symptoms, pelvic discomfort and, rarely, pain (if degeneration occurs).
- 50% of women with blood loss > 200 ml have fibroids.
- Anaemia, polycythemia due to erythropoietin production, constipation and infertility are also known features of fibroid.
- Myoma in posterior uterine wall or situated low in pouch of Douglas causes first frequency and later acute retention of urine while anterior wall myoma normally causes frequency of micturition (**JIPMER 2000**).

**381. Ans. b (Intramural)**

**Types of Fibroid uterus**

*Sub-serosal*: There is no restriction on growth and they may become very large, pedunculated (and torted) or even develop their own blood supply from the omentum. They may extend into the broad ligament or may arise separately from the round ligament.

*Intramural*: To start with most fibroid are intramural. There is a false capsule of connective tissue. It has a higher potential for sarcomatous change than subserous fibroid

*Submucous*: These are less common, are covered with endometrium, may be pedunculated, and may prolapse through the cervix.

*Cervical*: These may lead to the close proximity of the bladder and ureters.

**382. Ans. b (3<sup>rd</sup> trimester)**

(Ref. Dutta Gynaecological 4<sup>th</sup> ed: 256)

Red degeneration of fibroid is common in pregnancy especially the third trimester.

**383. Ans. a, b, c**

(Ref. Shaw's Textbook of Gynaecology 13<sup>th</sup> ed:340, 349)

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**Red degeneration** presents almost exclusively in pregnancy with acute pain, fever and localized tenderness. It is due to aseptic inflammation and thrombosis. It is usually managed conservatively.

**384. Ans. b (Conservative treatment)**

(Ref. Shaw's Textbook of Gynaecology 13<sup>th</sup> ed. 340, 349)

**Red degeneration** presents almost exclusively in pregnancy with acute pain, fever and localized tenderness. It is due to aseptic inflammation and thrombosis. It is usually managed conservatively.

**385. Ans: d (Red degeneration)**

(Ref: Shaw's Gynecology 13<sup>th</sup> ed.-348,349)

**Red degeneration** presents almost exclusively in pregnancy with acute pain, fever and localized tenderness. It is due to aseptic inflammation and thrombosis. It is usually managed conservatively.

**386. Ans. b (hyaline)**

(Ref. Shaw's Textbook of Gynaecology 13<sup>th</sup> ed:339)

**Hyaline degeneration** (the commonest) leads to a smoother and more homogeneous lesion, which may become **cystic** if liquefaction occurs.

**387. Ans. c (Malignant change)**

(Ref. Shaw's Textbook of Gynaecology 13<sup>th</sup> ed:337, 341)

**Degenerative changes in fibroid**

- **Hyaline degeneration** (the commonest) leads to a smoother and more homogeneous lesion, which may become **cystic** if liquefaction occurs.
- **Fatty** changes are rare.
- **Calcification** usually occurs in postmenopausal subserosal fibroids.
- **Red degeneration** presents almost exclusively in pregnancy with acute pain, fever and localized tenderness. It is due to aseptic inflammation and thrombosis. It is usually managed conservatively.
- The exact risk of **sarcomatous change** remains uncertain, but is probably < 0.1 %.
- Pedunculated leiomyoma that becomes attached to adjacent viscera or omentum and develops secondary blood supply is known as "**parasitic leiomyoma**".
- Rarely smooth muscles invade the venous channels of pelvis causing the benign tumor cells to grow by direct extension and spread via venous system even out of the pelvis, reported up to the heart and venacava, known as "**intravenous leiomyomatosis**".

**388. Ans. a (usually malignant)**

(Ref. Shaw's Textbook of Gynaecology 13<sup>th</sup> ed:337, 341)

**FIBROIDS**

- **Fibroids** occur in ~ 20% of women in reproductive years, particularly in the obese, those of low parity, and those of Negroid origin.
- There is a reduced frequency in smokers and those on COC.
- Fibroids are smooth muscle in origin (despite their name) and are often multiple.

**389. Ans. a (Hysterectomy)**

(Ref. Shaw's Textbook of Gynaecology 13<sup>th</sup> ed. 346)

**Treatment of uterine fibroid (AIIMS-99 Nov)**

- It should be conservatively managed if patient is asymptomatic.
- Danazol and GNRH analogues may reduce the size of fibroid and their use preoperatively reduces blood loss at operation.
- If there is infertility, consider either **hysteroscopic resection** or **myomectomy**.
- Ideally "**hood**" **method of Boney** is used.
- Multiple fibroids, old multiparous patient and heavy blood loss at surgery are indications for hysterectomy.
- **LASER resection** is also a well tried method.
- Now a days **radiotherapy** hardly has any role in treatment in myoma.
- **Uterine artery embolization** under radiographic control is the latest upcoming treatment option.

**390. Ans. a (Is aseptic infraction)**

(Ref. Shaw's Textbook of Gynaecology 13<sup>th</sup> ed. 340, 349)

Red degeneration occurs frequently during pregnancy in cases of painful myomas in women over the age of 40 years. The myoma becomes tense and tender and causing severe abdominal pain with constitutional upset and fever. The tumor assumes purple red colour and fishy odour. Some large veins in capsule and small vessels in substance of the tumor will be found thrombosed. Although patient is febrile with moderate leucocytes and raised ESR, the condition is an aseptic one. Such patients are treated conservatively with bed rest and analgesics until the pain subsides. **D/D:** Appendicitis, pyelitis, accidental haemorrhage and twisted ovarian cyst.

**391. Ans. b (intramural)**

(Ref. Shaw's Textbook of Gynaecology 13<sup>th</sup> ed:338)

**The distribution of myoma / fibroid in the body of the uterus is broadly as:**

- o Intramural (interstitial) 75%
- o Submucous 15%
- o Subserous 10%

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**392. Ans. a (Centre)**

*(Ref. Shaw's Textbook of Gynaecology 13<sup>th</sup> ed:338)*

The vessels which supply blood to the fibroid lie in the capsule and send radial branches into the tumor because of this arrangement of blood supply, the central portion of the fibroid receives least blood supply and degeneration is noticeable early and most often in this part of the fibroid. Hyaline, cystic and fatty degenerations occur in central areas. These are caused by diminished vascularity in large fibromyomas.

**393. Ans. a (Intramural)**

*(Ref. Shaw's Textbook of Gynaecology 13<sup>th</sup> ed:338)*

**The distribution of myoma / fibroid in the body of the uterus is broadly as:**

Intramural (interstitial) 75%

Submucous 15%

Subserous 10%

**394. Ans. d (0.5%)**

*(Ref. Shaw's Textbook of Gynaecology 13<sup>th</sup> ed :341)*

Fibromyomas are generally benign neoplasms, commonly encountered in gynaecological practice. Sarcomatous change in a myoma is extremely rare and the incidence is not more than 0.5% of all myomas.

**395. Ans. c (Fibroid with Asherman's syndrome)**

**Asherman's syndrome** – obliteration of uterine cavity by adhesions / synechiae. Typically related to post-pregnancy uterine curettage although it can also occur after diagnostic dilatation and curettage. May in fact also occur following endometritis / myomectomy and myomectomy contraindicated in Fibroid with Asherman's syndrome.

**396. Ans. a (Hysterectomy)**

*(Ref. Shaw's Textbook of Gynaecology 13<sup>th</sup> ed:346)*

Hysterectomy is indicated in a woman over 40 yrs, multiparous woman or when associated with malignancy.

**397. Ans. a (hysteroscopic removal)**

*(Ref. Shaw's Textbook of Gynaecology 13<sup>th</sup> ed:346)*

Hysteroscopic myomectomy is done in a submucous fibroid not removable by the simple vaginal route.

**398. Ans. a (inversion of uterus)**

*(Ref. Shaw's Textbook of Gynaecology 13<sup>th</sup> ed:342)*

Inversion of uterus is caused by a submucous fundal myoma.

**399. Ans. b (Submucous fibroid)**

*(Ref. Shaw's Textbook of Gynaecology 13<sup>th</sup> ed:343)*

Progressive menorrhagia is seen in submucous myoma plasias and enlarged uterine cavity. It is also seen in intramural myoma. Further away from cavity, lesser is the possibility of menorrhagia. For this reason subserous and pedunculated fibroids do not cause menorrhagia.

**400. Ans. b (D and C)**

**Treatment (AIIMS-99 Nov)**

- It should be conservatively managed if patient is asymptomatic.
- Danazol and GnRH analogues may reduce the size of fibroid and their use preoperatively reduces blood loss at operation.
- If there is infertility, consider either **hysteroscopic** resection or **myomectomy**.
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