EVALUATION OF PRESENTATION AND ASSESSMENT
OF COMPLICATIONS OF SURGICAL TREATMENT
OF FIBROID UTERUS

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SUMMARY

A two years retrospective study was performed to assess surgical treatment of
fibroid uterus. A total of 40 patients of uterine leiomyomas were managed in the “A”
unit of Gynaecology and Obstetric department of Women and Children Hospital,
Abbottabad. All the patients were operated out of which 11(27.5%) had myomectomy
and 29(72.5%) had abdominal hysterectomy. This study was done to evaluate the
presentation of patients with fibroid uterus and to assess complications of surgery. There
was no mortality and long term complications in this series.

INTRODUCTION

Uterine leiomyoma is not only the commonest tumour found in the uterus.
They are rare before the age of 20 years and usually occur above the age of 30 years.1
20% of all women over the age of 35 years have leiomyomas. Majority of fibroids are
symptomless, however patients can present with menstrual irregularities, infertility,
pregnancy loss or with a mass lower abdomen. These are the common indication
for hysterectomy.

Fibroids are described as submucous, intramural or subserous according to their
relationship to the endometrium and peritoneal coat of the uterus.

This study was done to evaluate the presentation of patients with fibroid uterus
and ascertain the complications of surgery.

MATERIAL AND METHODS

A two year retrospective study was conducted from January 1996 to December
1997 in “A” unit of department of Gynaecology and Obstetrics Women and
Children Hospital Abbottabad.

Detailed information was obtained regarding patients age, parity, presenting
complaints, number and site of tumours, investigations, type of operation done and
complications of surgery.

The diagnosis of leiomyoma was confirmed by ultrasound examination. Abdominal
hysterectomy or myomectomy was done under general anaesthesia after carefully
assessing the patients. Pfannensteil incision was used mainly. In one case with
a large leiomyoma a subumbilical midline incision was used. Broad spectrum antibiotic
cover was given.

RESULTS

Out of the 40 patients in this study most were between the ages of 30-50 years
(82%). The average age was 43 years. The youngest patient was 23 years old and the
oldest 57 years.

Seven (17.5%) were nulliparous, 15(37.5%) were para one to four and 18(45%)
were para five and above.

Presenting symptoms are given in Table-I.
TABLE – I
PRESENTING SYMPTOMS

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>No.</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary infertility</td>
<td>7</td>
<td>17.5</td>
</tr>
<tr>
<td>Secondary infertility</td>
<td>2</td>
<td>5.0</td>
</tr>
<tr>
<td>Menorrhagia</td>
<td>13</td>
<td>32.5</td>
</tr>
<tr>
<td>Polymenorrhagia</td>
<td>8</td>
<td>20</td>
</tr>
<tr>
<td>Mass abdomen</td>
<td>10</td>
<td>25</td>
</tr>
</tbody>
</table>

Associated conditions are given in Table-II. Number and site of leiomyomas are given in Table III and IV respectively. Both operative and postoperative complications are shown in Table-V.

There was no mortality in this series. Average postoperative stay following hysterectomy was 9.2 days and following myomectomy 8 days. Since long term follow up was not possible number of conceptions following myomectomy is not known.

DISCUSSION

The aetiology is still unknown. The female sex hormones have been incriminated. They are hormone dependent and increase in size during reproductive years and regress after menopause.

Treatment depends on the age and parity of the patient as well as site and number of fibroids. Small symptomless fibroids discovered accidentally do not require treatment although they should be kept under observation. If the patient is young with low parity myomectomy is done, but if the patient is old, with completed family or if there are multiple fibroids then abdominal hysterectomy is advised. The ovaries can be conserved in young patients for hormonal function. If the patient is older they can be removed because trouble can arise due to their becoming painful, cystic or a future site of malignancy.

According to Majos et al (1996)2-3 a vaginal hysterectomy is another option even inspite of 20 weeks size uterus because of lesser complication and earlier recovery. While other like Rustam et al are of the opinion that a uterus larger than 12 weeks size is a contraindication to a vaginal hysterectomy.

Bipolar coagulation probe for electrocoagulation of fibroid, hysteroscopic resection of submucous and fibroid polyp and laser myomectomy via laparoscope are also options available in western countries. These techniques have reduced the number of operations and the morbidity.4,5

GnRh analogues may also be used to reduce the size of the fibroid and to stop

TABLE – II
ASSOCIATED CONDITIONS

<table>
<thead>
<tr>
<th>Associated Conditions</th>
<th>No.</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ovarian Cyst</td>
<td>9</td>
<td>22.5</td>
</tr>
<tr>
<td>Endometriosis</td>
<td>1</td>
<td>2.5</td>
</tr>
</tbody>
</table>

TABLE – III
NUMBER OF LEIOMYOMAS

<table>
<thead>
<tr>
<th>No. of Leiomyomas</th>
<th>No.</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>28</td>
<td>70</td>
</tr>
<tr>
<td>Two or more</td>
<td>12</td>
<td>30</td>
</tr>
</tbody>
</table>

TABLE – IV
SITE OF LEIOMYOMAS

<table>
<thead>
<tr>
<th>Site of Leiomyomas</th>
<th>No.</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submucous</td>
<td>7</td>
<td>17.5</td>
</tr>
<tr>
<td>Intramural</td>
<td>19</td>
<td>47.5</td>
</tr>
<tr>
<td>Subserous</td>
<td>12</td>
<td>30</td>
</tr>
<tr>
<td>Broad Ligament</td>
<td>2</td>
<td>5</td>
</tr>
</tbody>
</table>
### TABLE V
OPERATIVE AND POSTOPERATIVE COMPLICATIONS

<table>
<thead>
<tr>
<th>COMPLICATION</th>
<th>HYSTERECTOMY (n=29)</th>
<th></th>
<th>MYOMECTOMY (n=11)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NO.</td>
<td>PERCENTAGE</td>
<td>NO.</td>
<td>PERCENTAGE</td>
</tr>
<tr>
<td>FEBRILE</td>
<td>7</td>
<td>24.1</td>
<td>3</td>
<td>27.2</td>
</tr>
<tr>
<td>HAEMORRHAGE</td>
<td>1</td>
<td>3.4</td>
<td>2</td>
<td>18.1</td>
</tr>
<tr>
<td>WOUND INFECTION</td>
<td>3</td>
<td>10.3</td>
<td>1</td>
<td>9.0</td>
</tr>
</tbody>
</table>

menorrhagia. However it has been found once that the tumour rapidly grows again to its previous size when the treatment is stopped. These drugs have a role in blood loss during hysterectomy or myomectomy. Another drawback is that they cause iatrogenic pseudomenopause. Progesterone have been used by many research workers but have failed to be a useful alternative to surgery.

In this study it was noted that fibroid uterus occurs in multiparous females commonly. 82.5% of our patients were multiparous as found in the study by Ashraf T (1997). This observation is in contradiction to that reported by Derek Lewellyn Jones.

The commonest presenting complaints associated with leiomyomas were either menstrual irregularities or mass lower abdomen. Majority of patients who presented with menstrual problems were previously treated with tranexamic acid or mefenamic acid with out any success.

The present study revealed that abdominal hysterectomy and myomectomy are both safe and effective methods of treatment of fibroid uterus with few operative and postoperative complications. The most common operative complication was haemorrhage and this was more common during myomectomy (18.1%) as compared to hysterectomy (3.4%).

Postoperatively febrile morbidity, determined by the number of days the patient's temperature reached 38.5°C or higher, was the most common problem. It was more common after myomectomy (27.2) as compared to hysterectomy(24.1).

### REFERENCES