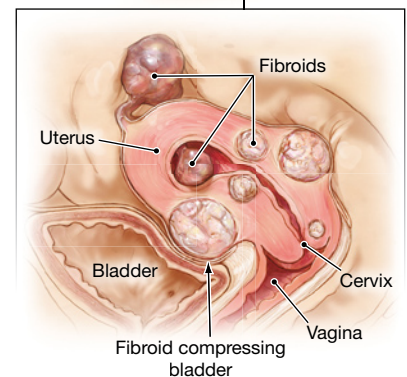
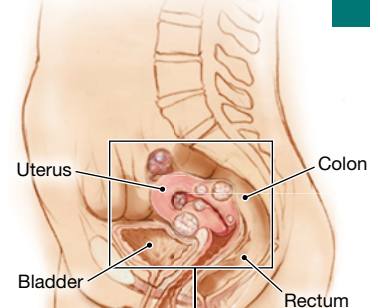


Uterine Fibroids

Uterine fibroids are **benign** (noncancerous) tumors of the **uterus** (womb) that occur in about 66% of women by the time they reach the age of 50. Fibroids are tumors of the smooth muscle cells of the uterus. The collagen content of the tumor gives it a hard, fibrous texture, thus the name fibroid. These tumors are also called **leiomyomata** or **myomas**. The cause of uterine fibroids is unknown. There is a familial predisposition, with a 2- to 3-fold increased risk if a mother or sister is affected. African American women are 3 times more likely to be affected than other women. In African American women these tumors can occur at an earlier age and are often larger and more symptomatic. In some women fibroids do not cause symptoms and do not require any treatment. In many women fibroids cause abnormal uterine bleeding and pelvic discomfort. The January 7, 2009, issue of *JAMA* includes an article about a woman with uterine fibroids.

Individual with uterine fibroids

CROSS SECTION



SIGNS AND SYMPTOMS

- Abnormal uterine bleeding with longer, heavier menstrual periods. Bleeding between menstrual periods occurs in some women.
- Fatigue caused by **anemia** (low blood count) from excessive menstrual blood loss.
- Pelvic pressure when fibroid tumor growth causes an enlarged uterus.
- Urinary frequency when the enlarged uterus presses on the bladder.
- Pain in the pelvic region due to worsening menstrual cramps or pressure from the fibroids on other internal organs.
- Infertility preventing pregnancy in some women; in others, miscarriage can occur.

DIAGNOSIS

- Pelvic examination to feel for the presence of fibroids.
- **Transvaginal ultrasound** uses sound waves from a probe inserted in the vagina to determine the size of the uterus and the size and location of any fibroid tumors.
- **Hysteroscopy** is a visual inspection of the interior of the uterus using a small, slender device.

TREATMENT

Uterine fibroids that cause no symptoms do not require any treatment. Other treatment options vary depending on the size, location, and number of tumors. Treatment also depends on whether the woman wishes to maintain fertility.

- In some women the tumors can be resected during a hysteroscopy procedure.
- **Myomectomy** is the surgical removal of fibroids that preserves the uterus and allows the woman to maintain fertility.
- **Uterine artery embolization (UAE)** is a nonsurgical procedure that blocks the blood flow to the main artery supplying the uterus. This results in shrinkage of fibroids and causes a reduction in the amount of blood loss from menstrual bleeding. There is a chance that fertility will not be maintained for some women.
- A hormone-releasing **intrauterine device** releases progesterone, one of the female hormones, and can be placed inside the uterus to reduce the amount of uterine bleeding in some women with small fibroids
- **Hysterectomy** is surgical removal of the uterus, ending menstrual periods and causing infertility.

FOR MORE INFORMATION

American College of Obstetricians and Gynecologists
www.acog.org/publications/patient_education

INFORM YOURSELF

To find this and other JAMA Patient Pages, go to the Patient Page link on JAMA's Web site at www.jama.com. Many are available in English and Spanish. A Patient Page on hysterectomy was published in the March 24/31, 2004, issue.

Source: American College of Obstetricians and Gynecologists

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