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UTERINE FIBROMA

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Annotation: Uterine fibroids are mostly benign tumors that form in the muscle layer of the uterus. This article reviews the etiology, main risk factors, clinical signs, methods of diagnosis and modern treatment methods of fibroids. Although fibroids are often asymptomatic, in some cases they can cause menstrual irregularities, abdominal pain, and infertility. Treatment methods differ depending on the size, location of the tumor and the reproductive plan of the patient. The article shows the advantages and disadvantages of the treatment of fibroids with medication, surgery and minimally invasive methods

Keywords: uterine myoma, etiology, diagnosis, medicinal treatment, surgical methods, minimally invasive methods.

Nowadays, uterine fibroma is one of the most common benign tumors arising from the muscular tissue of the uterus. These growths can develop within the uterine wall or on its outer surface and are most frequently seen in women of reproductive age. The number and size of fibroids can vary greatly-from a single microscopic lesion to multiple large tumors capable of distorting the shape and size of the uterus. In many cases, fibroids are asymptomatic and are discovered incidentally. However, some women may experience symptoms such as heavy menstrual bleeding, lower back pain, frequent urination, or pain during sexual intercourse. Uterine fibroids can potentially affect fertility and pregnancy outcomes, although their transformation into cancer is extremely rare. The exact causes of fibroid development are not fully understood, but hormonal imbalances, genetic predisposition, and certain lifestyle factors are believed to contribute to their formation.

MAIN PART

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U Uterine myoma is a tumor-like growth composed of connective tissue and muscle fibers of the uterus. Depending on its location and pattern of development, uterine myomas are classified into three main types: intramural myoma, which grows within the muscular wall of the uterus; submucosal myoma, which grows into the uterine cavity beneath the endometrial lining; and subserous myoma, which grows on the outer surface of the uterus toward the abdominal cavity. In addition to these types, there is also a form known as uterine fibroid. If not treated properly, uterine fibroids may undergo degenerative changes and form scar tissue. Statistically, approximately 40% of women under the age of 35 are affected by uterine fibroids, making this a common gynecological condition among women of reproductive age.

Uterine myoma develops mainly due to hormonal imbalance, where uterine cells become overly active, similar to during pregnancy, leading to the formation of myomatous nodules. Contributing factors include surgical procedures on reproductive organs (such as difficult childbirth or abortion), hereditary predisposition, systemic diseases like diabetes, hyperthyroidism, obesity, and hypertension, as well as lack of sexual harmony.

The development of uterine fibroids is initially asymptomatic. In the later stages, when uterine fibroids are diagnosed, the symptoms are usually as follows: heavy cyclical bleeding; prolonged pain; miscarriage; bowel and bladder problems; anemia.

Symptoms can be vague, so before prescribing treatment, doctors must make a diagnosis using ultrasound, hysteroscopy, MRI or laparoscopy. Methods of diagnosing uterine myoma include several key approaches. The most basic and cost-effective method is ultrasonography, which allows visualization of the uterus and detection of fibroid nodules. In cases where the fibroids are large or structurally complex, magnetic resonance imaging is used to obtain more detailed information. Additionally, a biopsy may be performed to exclude the possibility of malignancy and confirm the benign nature of the tumor.

In recent years, a combination of different treatment methods have been used, including: therapy, hardware treatment, and surgery. The main goal of the treatment program for fertile women is to save the uterus and make it possible to get pregnant. If the uterine myoma is not very large, surgery is not performed, hormone therapy, EMA and FUz-ablation methods, herbal medicines, hirudotherapy are used. If these methods are ineffective, removal of the uterine myoma (myomectomy) usually done using laparoscopy.In complicated cases or when the fibroid twists the legs, when urgent treatment is needed, hysterectomy is used, which deprives the woman of the opportunity to have children.

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Etiology: Myoma mainly develops due to hormonal imbalance and genetic factors. Estrogen and progesterone stimulate the growth of fibroids. Also, factors such as genetic predisposition, late pregnancy and stress increase the risk.

Treatment methods for uterine fibroids include both medical and surgical approaches. Medically, hormonal drugs such as GnRH agonists and progesterone antagonists are used to shrink fibroids and regulate hormone levels. Nonsteroidal anti-inflammatory drugs (NSAIDs) may also be prescribed to relieve pain. Surgical options include myomectomy, which involves the removal of fibroids while preserving the uterus, and hysterectomy, which is the complete removal of the uterus in severe cases. Minimally invasive procedures are also available, such as uterine artery embolization, which blocks blood flow to the fibroid, and focused ultrasound ablation (HIFU), which uses high-frequency sound waves to destroy fibroid tissue. Although the exact cause of fibroids is still unknown, it is established that hormones-particularly estrogen and progesterone-play a significant role in their growth. Fibroids are most commonly seen in women over the age of 30, and risk factors include obesity, not having been pregnant, and a family history of fibroids. Fibroids can develop in various parts of the uterus, such as on the inner lining (endometrium) or on the outer surface. They vary in size and can sometimes grow in multiple locations simultaneously.

Symptoms and contributing factors of uterine fibroids can vary widely, depending on their size, location, and number. Common symptoms include heavy and prolonged menstrual bleeding, as well as pain or discomfort in the lower abdomen, especially as the fibroids enlarge. Some women may experience difficulty urinating due to pressure on the bladder, while others may feel pain during sexual intercourse. Abdominal enlargement or bloating can also occur as fibroids grow. In certain cases, fibroids may interfere with fertility and reduce the chances of becoming pregnant. Hormonal imbalances, particularly elevated levels of estrogen and progesterone, play a key role in fibroid development. Genetic predisposition is another important factor-women whose close relatives (such as their mother or sister) have fibroids are at higher risk. Reproductive factors, including childlessness, delayed pregnancy, early onset of menstruation (before age 12), or late menopause, are also associated with an increased risk of fibroids. Additionally, chronic stress, poor lifestyle choices, alcohol and tobacco use, and diets low in fiber but high in calories contribute to fibroid formation. Chronic inflammation of the uterus and ovaries, such as in cases of endometritis or adnexitis, further increases the risk. Other gynecological issues, such as prolonged or painful menstruation, may also be linked to fibroids. Although many fibroids do not cause serious complications, diagnosis and treatment should be

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personalized. Regular medical check-ups and diagnostic tests are essential for timely detection and management of uterine fibroids.

Myoma mainly develops due to hormonal imbalance and genetic factors. Estrogen and progesterone stimulate the growth of fibroids. Also, factors such as genetic predisposition, late pregnancy and stress increase the risk. Due to the growing problem of early diagnosis of pathologies of the female reproductive system, the number of women undergoing hysterectomy (removal of the uterus) due to fibroids detected at a late stage is increasing. This surgical intervention causes many unpleasant consequences and is a great stress for the woman's body. Unfortunately, in this case, reproductive function cannot be realized. If surgical treatment is the most acceptable from a medical point of view, a woman should think about her health first of all. In a woman's body, the uterus serves only to give birth to a child, and a woman can live a long and full life without this organ. If the patient has children, the moral side of the problem is easily solved. Nevertheless, even if a woman does not have children, it is not necessary to risk her life and health in order to preserve this possibility. If an operation is recommended, it means that the process cannot be stopped by other means and the loss of this organ is inevitable. One should not forget the possibility of the tumor turning into a bad-quality tumor. Laparoscopic removal of uterine fibroids is one of the most common operations, the purpose of which is to remove benign myomatous nodes located in the body of the uterus and in the region of its cervical or ligamentous apparatus. is to do. It can be a single formation and several nodes, in difficult cases, the size of myoma can reach tens of centimeters. In half of the cases, the disease may be asymptomatic, but the development of the disease is inevitable. With the help of conservative methods, it is possible to reduce the size of the tumor and slow down the growth of the formation, but only in some patients. In this case, the effect of therapy is possible only when taking drugs, after stopping, the nodes may increase in size. It is important to know that today there are no drugs that can cure fibroids. The only effective way to remove uterine fibroids is surgery. Rapid growth of myomatous nodes or the presence of a large tumor may indicate the need for closer medical evaluation and potential intervention. In such cases, patients often experience a pronounced pain syndrome due to pressure on surrounding organs or nerve structures. Particular attention is given to fibroids with submucosal or subserosal localization, as well as those with focal growth patterns or atypical locations such as intraligamentary (between uterine ligaments), cervical (in the cervix), or isthmic (in the narrow lower part of the uterus) regions. These forms can present unique challenges in both diagnosis and treatment, often requiring specialized imaging and tailored surgical approaches.

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Infertility or abortion. Before the removal of uterine fibroids, a woman's health should be carefully assessed, concomitant diseases should be identified and, if necessary, treated by specialized specialists. Preoperative examination before removing myomatous nodes includes: determination of potassium, pH, creatinine, urea levels); electrocardiography; blood pressure measurement; fluorography. The above reasons should be avoided. If a cyst develops (myoma), even if it is of good quality, it should not be left unattended. Timely diagnosis and treatment will help to avoid complicated complications.

Uterine fibroids are a serious health problem, the consequences of which lead to infertility. The information presented in this article includes cases related to the causes, symptoms, diagnosis and treatment methods of uterine fibroids in women. The results show that uterine fibroids are more likely to occur due to hormonal factors and genetic factors. Also, as a result of not following the diet, the development of fibroids increases. It is very important to identify uterine fibroids through the diagnostic process. Gynecologists and parents should identify this condition at an early stage, taking into account the initial symptoms of uterine fibroids. Common symptoms. For example, difficulty urinating as a result of a feeling of heaviness in the abdomen and pressure on the lungs or urinary tract. Uterine fibroids are treated with the help of treatment methods, mainly hormonal therapy or surgical methods, and following a diet helps the patient to recover quickly. The effectiveness of these methods has been confirmed by many studies. In the treatment of uterine fibroids, drugs such as progestins and tamoxifen are mainly used. Progestins help prevent myoma in the body and prevent blood loss. Tamoxifen slows down the growth of myoma.

In conclusion, the results of this analysis show the need for a comprehensive approach to the prevention and treatment of uterine fibroids. Taking into account the importance of nutrition, medical examinations and family support, parents and specialists should work together to maintain the health of young mothers and daughters. As a result, it is necessary to develop proper and effective strategies to reduce uterine fibroids and improve reproductive system in women.

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