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RISK FACTORS FOR DEVELOPMENT OF UTERINE MYOMA

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ABSTRACT

The article describes risk factors, both modifiable and non-modifiable, are associated with the development of fibroids. These include age, race, endogenous and exogenous hormonal factors, obesity, uterine infection, and lifestyle (diet, caffeine and alcohol consumption, physical activity, stress, and smoking). Some of the epidemiological data were conflicting; consequently, further studies are needed to better understand the factors that influence fibroid prevalence.

Keywords: epidemiology, genetic factors; lifestyle; reproductive history; risk factor; uterine fibroids.

INTRODUCTION

Uterine fibroids (also called leiomyomas) are growths made up of the muscle and connective tissue of the uterine wall. These growths are usually non-cancerous (benign). The uterus is an inverted pear-shaped organ in the pelvis. The normal size of your uterus is like a lemon. It is also called the uterus and is the place where the baby grows and develops during pregnancy.

Fibroids can grow as a single node (single growth) or in a cluster. Fibroids can range in size from 1 mm to over 20 cm (8 inches) in diameter, or even larger. In comparison, they can reach the size of a watermelon. These growths can develop within the wall of the uterus, inside the main cavity of the organ, or even on the outer surface. Fibroids can vary in size, number, and location within and on the uterus.

You may experience different symptoms of uterine fibroids, and they may not be the same as those of another woman with fibroids. Because of how unique fibroids can be, your treatment plan will depend on your individual case.

Fibroids usually grow in women of childbearing age, and studies show that they may shrink after menopause. However, studies also show that they are more likely to decrease in postmenopausal white women than postmenopausal black women. In African American women, fibroids usually develop at a younger age, increase in size, and cause more severe symptoms.

Several factors may influence a woman's risk of developing uterine fibroids, including the following:

- Age (older women are at greater risk than younger women)
- African American race
- Obesity
- Family history of uterine fibroids
- High blood pressure
- No history of pregnancy
- Vitamin D deficiency
- Consumption of nutritional supplements

- Uses of soy milk

Factors that may reduce the risk of developing fibroids:

- Pregnancy (risk decreases with more pregnancies)
- Long-term use of oral or injectable contraceptives

There are several places both inside and outside of your uterus where fibroids can grow. The location and size of your fibroids is important for your treatment. Where your fibroids are growing, how big they are and how many of them you have will determine which type of treatment will work best for you or if treatment is even necessary.

There are different names given for the places your fibroids are located in and on the uterus. These names describe not only where the fibroid is, but how it's attached.

Specific locations where you can have uterine fibroids include:

Submucosal fibroids: In this case, the fibroids are growing inside the uterine space (cavity) where a baby grows during pregnancy. Think of the growths extending down into the empty space in the middle of the uterus.

Intramural fibroids: These fibroids are embedded into the wall of the uterus itself. Picture the sides of the uterus like walls of a house. The fibroids are growing inside this muscular wall.

Subserosal fibroids: Located on the outside of the uterus this time, these fibroids are connected closely to the outside wall of the uterus.

Pedunculated fibroids: The least common type, these fibroids are also located on the outside of the uterus. However, pedunculated fibroids are connected to the uterus with a thin stem. They're often described as mushroom-like because they have a stalk and then a much wider top.

What do fibroids look like?

Fibroids are typically rounded growths that can look like nodules of smooth muscle tissue. In some cases, they can be attached with a thin stem, giving them a mushroom-like appearance.

Are fibroids cancer?

It's extremely rare for a fibroid to go through changes that transform it into a cancerous or a malignant tumor. In fact, one out of 350 women with fibroids will develop malignancy. There's no test that's 100% predictive in detecting rare fibroid-related cancers. However, people who have rapid growth of uterine fibroids, or fibroids that grow during menopause, should be evaluated immediately.

In many cases, fibroids are first discovered during a regular checkup with your healthcare provider. They can be felt during a gynecological examination or during prenatal care. Quite often, your description of heavy bleeding and other associated symptoms may alert your primary care physician to consider fibroids as part of the diagnosis. There are several tests that can be done to confirm fibroids and determine their size and location. These tests may include:

Ultrasonography: This non-invasive imaging test creates an image of your internal organs using sound waves. Depending on the size of the uterus, ultrasound can be performed transvaginal or transabdominally.

Magnetic resonance imaging (MRI): This test creates detailed images of your internal organs using magnets and radio waves.

Computed tomography (CT): Computed tomography uses x-rays to obtain detailed images of internal organs from multiple angles.

Hysteroscopy: During a hysteroscopy, your doctor will use a device called an endoscope (a thin, flexible tube with a camera on the end) to look at fibroids inside the uterus. The probe passes through the vagina and cervix and then moves into the uterus.
Hysterosalpingography (HSG): This is a detailed x-ray in which a contrast agent is first injected and then an x-ray of the uterus is taken. It is more commonly used in women who are also being tested for infertility.
Sonohysterography: In this imaging test, a small catheter is inserted transvaginally and saline is injected through the catheter into the uterine cavity. This extra fluid helps create a clearer picture of the uterus than with a standard ultrasound.
Laparoscopy: During this test, your doctor will make a small incision (incision) in your lower abdomen. A thin and flexible tube with a camera on the end will be inserted to take a close look at your internal organs.

LITERATURE

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