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PREVALENCE OF UTERINE FIBROIDS IN DIFFERENT AGE GROUPS OF WOMEN – A RANDOM POPULATION-BASED STUDY

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ABSTRACT
Uterine fibroids (leiomyomas) are the most common benign gynecological tumors in women of reproductive age worldwide. They cause heavy menorrhagia, usually leading to severe anemia, pelvic pain/pressure, infertility, and other debilitating morbidities. Fibroids are believed to be monoclonal tumors arising from the myometrium, and recent studies have demonstrated that fibroids actively influence the endometrium globally. Studies suggest a direct relationship between the number of fibroids removed and fertility problems.Uterine fibroids are the most common gynecological disorder, classically requiring surgery when symptomatic. Gynecologists now have new tools in opening up novel strategies for the management of uterine fibroids.

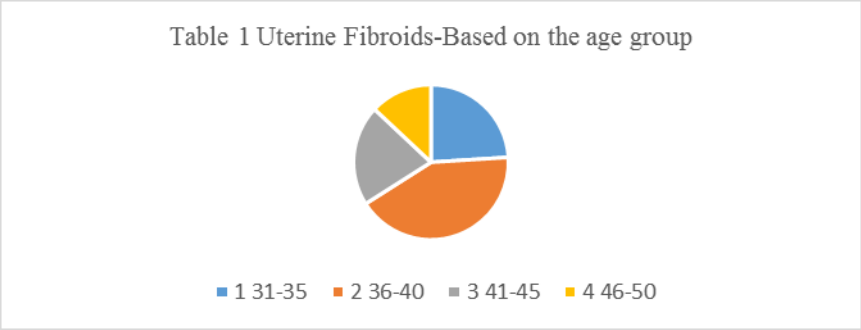
KEYWORDS: Uterine Fibroids, Symptoms, Fertility, Treatment.

INTRODUCTION
All of us are familiar with the brooder, nourisher, respirator, excretor of the body, where an embryo undergoes development. It is nothing but Uterus, a part of female reproductive system. Sometimes, fine masses of smooth muscle fibres may be formed in the uterus. They are attached to the inner layer of uterus, the endometrium.[4] They are tumours composed of smooth muscle and fibrous connective tissue, so named as uterine leiomyomas or myomas or fibromyoma. Their size is variable, usually develop during reproductive age. It is estimated that 20% of women at the age 30 have fibroids in their wombs. More common in nulliparous or in those having infertility. Increased risk in nulliparous, odese, hyperoestrogen states and reduced risk in multiparous and smokers. They can be as small as a pea nut or as large as a foot ball. They develop anywhere within the uterus in the cervical region or in the body. Women may experience discomfort. Fibroids grow rapidly during pregnancy and high doses of oral contraceptive pill users. Sometimes, it may become a life threatening complication causing persistent menorrhagia, metorrhagia, intraperitoneal haemorrhage due to rupture of fibroid, may also cause peritonitis, septicaemia and so on. Although attempts at finding a nonsurgical cure date back to centuries, it is only around the middle of the last century that serious attempts at a medical treatment were carried out. Long-term medical treatment of fibroids seems possible today, especially in premenopausal women.[3] The need for alternatives to surgical intervention is very real, especially for women seeking to preserve their fertility. Understanding fibroids and the range of treatment options can help women make the better health decisions.

MATERIALS AND METHODS
The required data was collected from 150 subjects at different Hospitals of Eluru using a valid, reliable and self-administered questionnaire. The results were correlated with previous studies.

RESULTS
Table 1: Uterine Fibroids-Based on the age group.

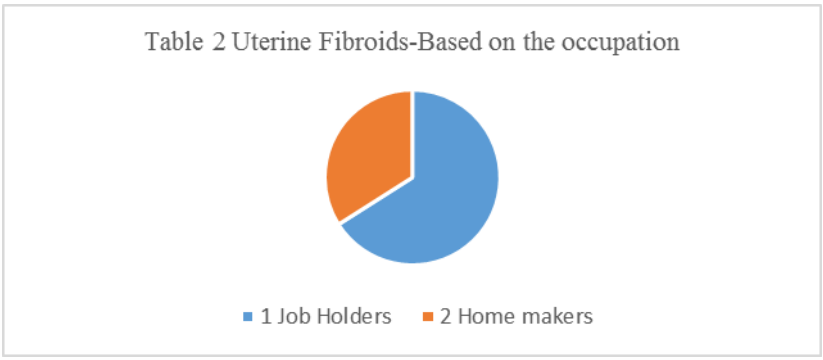
S.No.	Age Group	Percentage
1	31-35	24
2	36-40	42
3	41-45	21
4	46-50	13



From this table, it is observed that among 31-35 years of age group, 24% are effected, among 36-40 years of age group, 42% are effected, among 41-45 years of age group, 21% are effected, among 46-50 years of age group, 13% are effected. The occurrence is more prevalent among 35-40 years of age group. As they reach the menopause stage, the problem is decreasing, may be because of reducing oestrogen levels. Earlier studies proved this.[1]

Table 2: Uterine Fibroids-Based on the occupation.

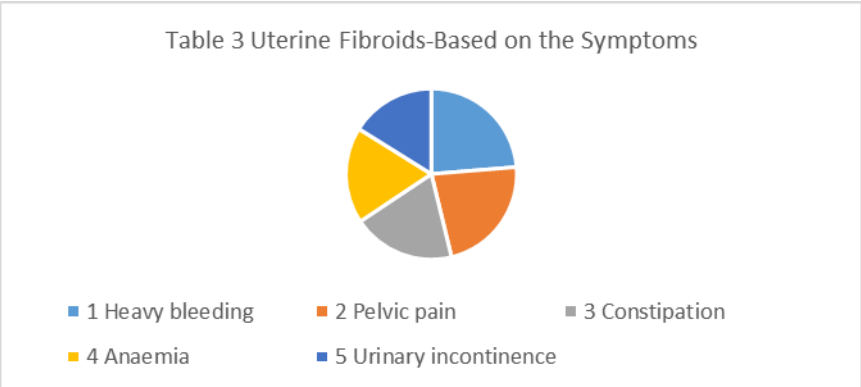
S.No.	Occupation	Percentage of the Samples
1	Job Holders	66
2	Home makers	34



This table reveals that the incidence of uterine fibroids peaks in the job holders being 66%, when compared to home makers being 34%. This may be because of their tensed life style which acts as a cofactor for the development of fibroids.

Table 3: Uterine Fibroids-Based on the Symptoms.

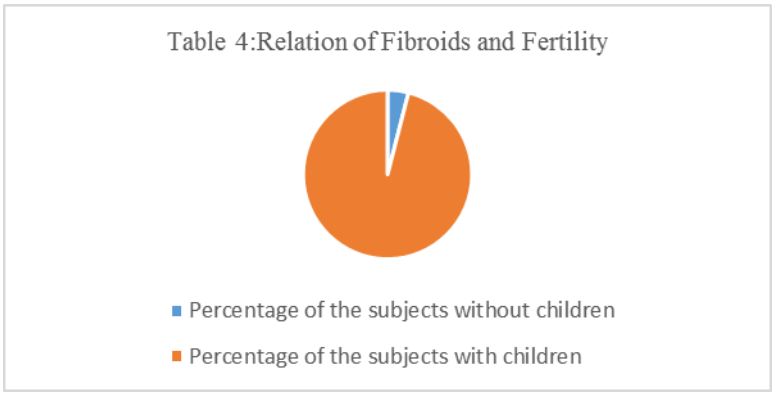
S.No.	Symptoms	Percentage
1	Heavy bleeding	98
2	Pelvic pain	95
3	Constipation	82
4	Anaemia	77
5	Urinary incontinence	68



This table shows that maximum number of subjects are suffering from heavy bleeding, followed by pelvic pain, constipation, anaemia, urinary incontinence Earlier studies proved this.[2]

Table 4: Relation of Fibroids and Fertility.

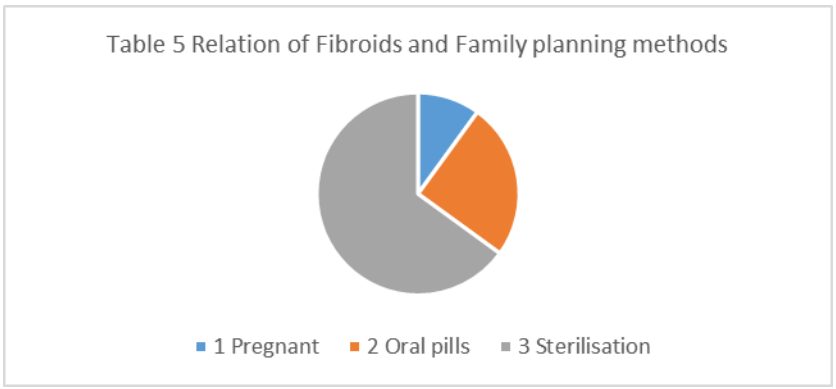
S.No.	Percentage of the subjects without children	Percentage of the subjects with children
1	4	96



This table reveals that 4% of the subjects have no children because of infertility induced by the presence of fibroids where as 96% have children.

Table 5: Relation of Fibroids and Family planning methods.

S.No.	Family planning methods	Percentage of the Samples
1	Pregnant	10
2	Oral pills	25
3	Sterilisation	65



This table shows that fibroids were observed in 10% of pregnant women, 25% are using contraceptive pills and 65% of the subjects followed permanent method, sterilisation.

SUGESTIONS

To ease the symptoms, can take over the antispasmodics. When symptoms are unbearable, consulting a doctor is a must. When the condition is menorrhagia, doctor has to decide whether to start hormonal or non hormonal therapy. Iron rich foods are preferred to avoid anaemia caused by heavy menstrual bleeding. Alcohol, sugars, saturated fats should be avoided. Fruits, vegetables, green leafy vegetables should be preferred. Better to take Vitamin supplements, calcium, magnesium, potassium. Regular physical exercise is a must.[5]

CONCLUSION

Many women live with fibroid tumours and still maintain a good quality of life. Some women may experience some symptoms of fibroids, but can still manage to perform their daily activities. Mnny women women suffering from fibroids underestimate the severity of their symptomsas they have become accustomed to excessive bleeding, pain and pressure the fibroids can cause. If the symptoms are so severe that they effect the day-to-day life, one should consult a gynaecologist. Unfortunately, there is no known way to prevent fibroids either from growing or recurring but, there are certain

measures, which can be taken to reduce their occurrence. It is very important to keep the physical weight in check. One should keep stress at bay as hormonal imbalances trigger fibroids. An untreated fibroid leads to other problems. After 40 years of age, one should go for regular medical check up. All the symptoms should be medically evaluated.

Health is Wealth. So all should take care of it.

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