

VOLUMINOUS UTERINE FIBROSIS IN A YOUNG WOMAN

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Abstract: We present one case of uterine fibrosis encountered in a young patient. We take into consideration the therapeutic behaviour and the etiopathology of the tumour.

Keywords: uterine fibrosis, young woman

Rezumat: Se prezintă un caz de fibromiom uterin întâlnit la o pacienta tânără. Se fac considerații asupra conduitei terapeutice și etiopatogeniei tumorii.

Cuvinte cheie: fibrom uterin, tânără

INTRODUCTION

Benign tumours, especially the uterine fibrosis occur very often in gynecology and are one of the most numerous types of surgeries in the uterine surgery.

The determining factor is yet unknown, all theories give some explanations but do not underline the real cause and the genesis of the uterine fibrosis.

Most of the proposed theories have been abandoned. The hormonal theory seems the most viable; the fibrosis is developing almost every time during the period of genital activity, Hegar, Seity and Faure indicate the role of folliculate in the genesis of this tumour.

The hormonal theory seems the most viable; the fibrosis is developing almost every time during the period of genital activity, indicating the role of the hormones in the genesis of this tumour.

MATERIAL AND WORKING METHOD

The patient O.M., age 27, urban environment, hospitalized in the Obstetrics and Gynecology Clinic of Sibiu on 12.02.06 with pains in the inferior abdominal level.

The anamnesis indicated the last menstruation at 5.02.06 and that the moderated and intermittent pains at the inferior abdominal level have first occurred a year ago. The patient has underwent therapy with Diferelin (GnRh agonist), 4 vials for 4 months (1 vial/month). Initially, the symptoms diminished in intensity but the pains reappeared. From the physiological personal history we have the following data: menarche at 14 years, regulated menstrual cycles, (4/28 days), moderated menstrual flux no births or abortions.

The general objective examination shows no pathological alterations. The examination with valves shows a vagina and uterine tract with no macroscopically

modifications, a weak leucorrhoea secretion in the vagina.

The combined palpation examination shows: cylindrical tract in the axe of the vagina, enlarged uterus like a pregnancy of 5-6 months, the back of the uterus is at the level of the bellybutton, polyfibromatous, anaxial loges occupied by the fibromatous uterus.

Laboratory analysis: Hb-15.4 g/dl, VSH-4mm/h, Glycemics-85mg/dl, Urea-30mg/dl, Creatinine-0.8mg/dl, TGO-45ui, TGP-11ui. Fibrinogene-315mg/dl.

The CT examination of the abdomen and pelvic regions from 7.10.05 (No.37622) shows a formation in the pelvic and abdominal region with dimensions of 17/12 cm with a non homogenous structure, with hyper dense and hypo dense densities. The formation has a net content and no signs of the infiltration of adjacent formations, the vascular retroperitoneal structures are compressed.

The pathological balance after the surgery has shown an enlarged uterus with a volume like a pregnancy of 5-6 months, non regular outline, deformed by several intramural fibromatous nodules, each with the diameter of 10-12 cm. We decide and perform a multiple myomectomy by ablation of the fibromatous nodules in the back area, and then we extirpate 6 fibromatous nodules in diverse areas of the uterus, extirpation by the same incision of the uterus. After several effectuated myomectomies there have been left zones of tissue (myometer) with poor vascularisation, reason for which we effectuate a myomectomy. The uterine cavity is explored by vaginal way, by dilatation and instrumental exploration, and is found intact. The uterine wound on the back wall of the isthmus area and to the third layers of the back area is sutured with separate vicril threads, the third is a vicrile surjet, for the closure of the margins of the wound. The control of the haemostasis and the cleaning of the peritoneal area were made later. The post surgery evolution of the patient is favourable biological as well clinically.

RESULTS AND DISCUSSIONS

The presented case is interesting first because of the age of the patient, being known that the uterine fibrosis rarely occurs at women under the age of 30. Regarding the dimension of the uterus, this has a volume like a pregnancy of 5-6 months, deformed by the presence

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of numerous fibromatic intramural nodules, each with a diameter of 10-12 cm.

Even if she was treated with GnRh agonists (Diferelin) this has not shown the desired result: the diminishing of the volume of the fibrosis. We still have noted a diminishing of the intrasurgical bleeding.

After numerous myomectomies, the uterine cavity is explored by vaginal way, by dilatation and instrumental exploration, and is found intact.

CONCLUSIONS

Although the determining factor is still unknown, the hormonal theory seems the most viable, the role of the estrogens having an important role in the genesis of these tumours.

The functional prognosis of the uterine fibrosis interferes with the principle of the conservative surgery, being positive in most of the cases, when the local condition and the procedure conserve the menstrual and hormonal function, the function of sexual gestation, pelvic statics and the psychological-nervous balance.

The laparoscopic myomectomy is a profitable alternative to the classical surgery procedures, for conservative surgeries.

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