

# Alternatives to Hysterectomy

## Management of Uterine Fibroids



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### KEYWORDS

- Fibroids • Focused ultrasound ablation • Uterine artery embolization • Myomectomy
- Ulipristal acetate

### KEY POINTS

- Fibroids are common and often asymptomatic.
- Treatment may be conservative and tailored to the symptoms.
- There are many alternatives to hysterectomy for fibroids including pharmacologic and nonpharmacologic approaches.
- Future directions in research may lead to preventative strategies that offer uterine and fertility preservation.

### INTRODUCTION

Uterine fibroids are common, with up to 80% of women having radiologic or pathologic evidence of a fibroid by the time of menopause.<sup>1,2</sup> However, only 25% of women have symptoms severe enough to seek treatment. Fibroids may approximately impact health as well as social, physical, and work activities.<sup>3</sup> Studies have shown that the excess cost per woman with fibroids is over \$4600, with loss of work costs averaging over \$700 annually.<sup>4</sup>

Although hysterectomy is a definitive solution for symptomatic fibroids, many women would prefer to preserve their uterus for fertility and other reasons.<sup>5</sup> In fact, hysterectomy rates have decreased over the past decade with the increase in alternative treatments for fibroids and uterine bleeding.<sup>6</sup> However, there is little high-quality evidence comparing fibroid treatment options.<sup>7</sup>

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Because fibroids cause a range of symptoms (Box 1), a one-size fits all answer is not ideal. Care should be individualized to the patient to address her most pressing symptoms.<sup>8</sup> Women often have multiple tumors of varying size that can grow at different rates. Some have spontaneous regression; others grow steadily, and some increase quickly in short-lived growth spurts.<sup>9,10</sup> Thus, symptoms that are well-controlled for much of a woman's reproductive life may suddenly become more severe.

Fibroids also disproportionately affect African-American women. Tumors appear at a younger age in African American women than in Caucasian women.<sup>11</sup> In an ultrasound-screened population, prevalence of fibroids in women 18 to 30 years of age was 26% in black women and 7% in white women.<sup>12</sup> A national survey demonstrated that African American women were 2 to 3 times more likely to be concerned about fibroid treatments affecting fertility and pregnancy, likely because they encounter symptomatic fibroids while still child bearing.<sup>3</sup> Fibroids also tend to be larger and more numerous in African American women, which may limit options for alternative treatment.<sup>11,12</sup> For these reasons, uterine-preserving treatment options are necessary.

EVALUATION

Fibroids are identified often through clinical history and physical examination and then confirmed by ultrasound. However, asymptomatic fibroids may also be found incidentally on pelvic imaging. Deciding on a management strategy is based on whether the fibroids are causing symptoms. Fibroids that are asymptomatic do not require any treatment. Because fibroids will regress after menopause, expectant management is an option for some women.

If symptoms are present, the next step in management is to determine which symptoms are bothersome. Heavy menstrual bleeding (HMB) and painful periods are the most frequent symptoms and can be caused by fibroids that distort the uterine cavity (Type 0, 1, and 2 fibroids<sup>13</sup>) as well as larger intramural fibroids<sup>14,15</sup> (Fig. 1). A fibroid classification system was created to standardize the nomenclature of fibroids in practice and research.

The fibroid subclassification system can be described as follows<sup>16</sup>

- Type 0: completely intracavitary
- Type 1: less than 50% intramural (>=50% in the cavity)
- Type 2: at least 50% intramural (<50% in the cavity)
- Type 3: intramural but contacts endometrium

Box 1

Symptoms caused by uterine fibroids

Heavy menstrual bleeding

Pelvic pressure

Increased urinary frequency

Urinary retention

Bowel symptoms

Dyspareunia

Fertility issues (spontaneous abortion, decreased implantation)

Abdominal protrusion

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