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When and how to treat fibroids from an infertility point of view

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Uterine fibroids (also known as leiomyomas or myomas) are the most common form of benign uterine tumors occurring mostly in the reproductive age. Clinical presentations include abnormal bleeding, pelvic masses, pelvic pain, infertility, bulk symptoms and obstetric complications (recurrent abortions, preterm labor, mal presentation, red degeneration, difficult delivery, increase caesarean section rate, PPH, etc.). Almost a third of women with leiomyomas will request treatment due to symptoms. Current management strategies mainly involve surgical interventions, but the choice of treatment is guided by patient's age and desire to preserve fertility or avoid radical surgery such as hysterectomy. The management of uterine fibroids also depends on the number, size and location of the fibroids. Other surgical and non-surgical approaches include myomectomy by hysteroscopy, myomectomy by laparotomy or laparoscopy, uterine artery embolization and interventions performed under radiologic or ultrasound guidance to induce thermal ablation of the uterine fibroids. Myomas have great effect on fertility and uterine fibroids are commonly described by their position in relation to the surrounding myometrium. Uterine fibroids are usually described by the subgroups: Intra Mural (IM), Sub-Mucous (SM), Sub-Serosal (SS) and cervical. Different treatment modalities, therefore, could be introduced according to these types. There is growing evidence of the crucial role of progesterone pathways in the pathophysiology of uterine fibroids due to the use of Selective Progesterone Receptor Modulators (SPRMs) such as Ulipristal Acetate (UPA). The efficacy of long-term intermittent use of UPA was recently demonstrated by randomized controlled studies. The need for alternatives to surgical intervention is very real, especially for women seeking to preserve their fertility. These options now exist, with SPRMs which are proven to treat fibroid symptoms effectively. Gynecologists now have new tools opening novel strategies for the management of uterine fibroids.

Biography

Ahmed Raafat Ibrahim Mashaly is currently working as the Consultant in Obstetrics and Gynecology in Dammanhour National Medical Institute, Egypt. He also served as IVF and ICSI Consultant and Clinical Director of Ryada Fertility Center in Dammanhour, Egypt. He had also served as a Specialist Doctor in Obstetrics and Gynecology in Dammanhour National Medical Institute and as Resident Doctor Obstetrics and Gynecology in Dammanhour National Medical Institute. He has completed a Clinical Attachment in Obstetrics and Gynaecology Department, Burnley General Hospital, UK. He was also a Visitor Resident Doctor, Obstetrics and Gynecology in Shatby Maternity University Hospital. His area of interest included, applying protocols of induction for ovulation and superovulation, oocyte retrieval, laboratory work of ICSI, embryo transfer (ET) and giving the luteal phase support and fetal reduction.

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