

Clinicopathological Characteristics of Submucous Leiomyomas in Reproductive-Aged Women

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ABSTRACT

Uterine fibroids are the most common tumor in the female reproductive system and represent a significant part of reproductive system pathology. Approximately 25% of women over 30 years of age suffer from this condition. Recent studies indicate a clear trend toward the development of uterine fibroids in young and even adolescent patients, raising the issue of preserving reproductive and menstrual function in this group of women. This problem is of not only medical but also social significance, as uterine fibroids contribute to the development of primary and secondary infertility and, as the sole cause of reproductive failure, occur in 12-20% of patients with impaired fertility. Submucosal location of a myomatous node is an unfavorable location for myoma, as it almost always requires surgical treatment, leaving no room for conservative therapy. With this location, the infertility rate reaches 30-35%, and if pregnancy occurs, miscarriage and complications during gestation, childbirth, and the postpartum period are possible. The prevalence of the combination of uterine myoma and endometrial hyperplasia reaches 30-76%, which indicates systemic damage to the uterus in hyperplastic diseases of the endo- and myometrium.

Keywords: *Submucosal uterine fibroid, Reproductive age, Clinicopathological correlation*

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6. BIBLIOGRAPHY

- Munro MG, Critchley HO, Broder MS, Fraser IS. FIGO classification system (PALM-COEIN) for causes of abnormal uterine bleeding. *Int J Gynaecol Obstet.* 2011;113(1):3-13.
- Donnez J, Dolmans MM. Uterine fibroid management: from the present to the future. *Hum Reprod Update.* 2016;22(6):665-86.
- Bosteels J, van Wessel S, Weyers S, et al. Hysteroscopy for treating subfertility associated with suspected major uterine cavity abnormalities. *Cochrane Database Syst Rev.* 2015;(2):CD009461.
- Di Spiezio Sardo A, Calagna G, Santangelo F, et al. Hysteroscopic myomectomy: a comprehensive review of surgical techniques. *Hum Reprod Update.* 2016;22(6):665-89.
- Clark TJ, Voit D, Gupta JK, et al. Accuracy of hysteroscopy in the diagnosis of endometrial cancer and hyperplasia: a systematic quantitative review. *JAMA.* 2012;307(5):477-85.
- Lethaby A, Vollenhoven B. Fibroids (uterine myomatosis). *BMJ Clin Evid.* 2015;2015:0814.
- Stewart EA. Uterine fibroids. *Lancet.* 2017;389(10085):293-303.
- Laughlin-Tommaso SK, Jacoby VL, Myers ER. Disparities in fibroid incidence, prognosis, and management. *Obstet Gynecol Clin North Am.* 2017;44(1):81-94.
- Vilos GA, Allaire C, Laberge PY, Leyland N. The management of uterine leiomyomas. *J Obstet Gynaecol Can.* 2015;37(2):157-81.
- Tinelli A, Hurst BS, Mettler L, et al. Hysteroscopic myomectomy with tissue removal systems: a multicenter randomized controlled trial. *Fertil Steril.* 2014;102(3):768-73.
- Campo R, Molinas CR, Rombauts L, et al. Prospective multicentre randomized controlled trial comparing bipolar versus monopolar resectoscopes. *Hum Reprod.* 2010;25(3):566-71.
- Emanuel MH, Wamsteker K. The intrauterine morcellator for hysteroscopic myomectomy: a prospective cohort study. *BJOG.* 2015;122(2):223-9.
- Bettocchi S, Nappi L, Ceci O, et al. Office hysteroscopy. *Obstet Gynecol Clin North Am.* 2010;37(3):399-425.
- Salim R, Won H, Nesbitt-Hall R, et al. Diagnosis and management of endometrial polyps: a critical review. *BJOG.* 2011;118(3):285-92.
- Vitale SG, Haimovich S, Laganà AS, et al. Endometrial polyps: an evidence-based diagnosis and management guide. *Eur J Obstet Gynecol Reprod Biol.* 2019;236:1-6.
- Mazzon I, Favilli A, Grasso M, et al. Hysteroscopic myomectomy: long-term results and complications. *J Minim Invasive Gynecol.* 2014;21(5):857-62.

- Bettocchi S, Di Spiezio Sardo A, Nappi L, et al. Advanced hysteroscopic surgery. *Best Pract Res Clin Obstet Gynaecol.* 2015;29(7):908-29.
- Laganà AS, Vitale SG, Granese R, et al. Clinical management of endometriosis: evidence-based guidelines. *Gynecol Endocrinol.* 2018;34(1):48-53.
- Donnez J, Dolmans MM. Endometriosis and medical therapy: from progestins to GnRH antagonists. *Best Pract Res Clin Obstet Gynaecol.* 2018;51:61-70.
- Bednarek PH, Jensen JT. Safety, efficacy and patient acceptability of the levonorgestrel intrauterine system. *Int J Womens Health.* 2010;2:45-58.
- Hurst BS, Matthews ML, Marshburn PB. Laparoscopic myomectomy for symptomatic uterine myomas. *Fertil Steril.* 2012;98(6):1219-25.
- Sinha R, Sundaram M, Lakhota S, et al. Laparoscopic myomectomy: current status. *J Minim Access Surg.* 2011;7(1):3-9.
- Seracchioli R, Rossi S, Govoni F, et al. Fertility and obstetric outcome after laparoscopic myomectomy. *Hum Reprod.* 2010;15(5):1040-4.
- Tinelli A, Malvasi A, Hurst BS, et al. Surgical outcomes of laparoscopic myomectomy. *Fertil Steril.* 2012;98(6):1219-25.
- Parker WH. Uterine myomas: management. *Fertil Steril.* 2010;94(3):2043-54.
- Khan AT, Shehmar M, Gupta JK. Uterine fibroids: current perspectives. *Int J Womens Health.* 2014;6:95-114.
- Gupta JK, Sinha A, Lumsden MA, Hickey M. Uterine artery embolization for symptomatic fibroids. *Cochrane Database Syst Rev.* 2014;(12):CD005073.
- Mara M, Fucikova Z, Maskova J, et al. Midterm clinical and first reproductive results of a randomized controlled trial comparing uterine fibroid embolization and myomectomy. *Cardiovasc Intervent Radiol.* 2010;33(3):556-61.
- Tropeano G, Di Stasi C, Amoroso S, et al. Long-term outcome of uterine artery embolization for fibroids. *Int J Gynaecol Obstet.* 2012;118(1):11-5.
- Kim HS, Tsai J, Lee JM, et al. Uterine artery embolization for fibroids: a review of outcomes. *Semin Intervent Radiol.* 2010;27(3):261-70.
- Walker WJ, McDowell SJ. Uterine artery embolization for fibroids: 10-year outcomes. *BJOG.* 2016;123(3):409-15.
- Baird DD, Dunson DB, Hill MC, Cousins D, Schectman JM. High cumulative incidence of uterine leiomyoma in black and white women. *Am J Obstet Gynecol.* 2013;188(1):100-7.

Bulun SE. Uterine fibroids. N Engl J Med. 2013;369(14):1344-55.

Pritts EA, Parker WH, Olive DL. Fibroids and infertility: an updated systematic review. Fertil Steril. 2009;91(4):1215-23.

Vitale SG, Laganà AS, Rossetti D, et al. Management of uterine fibroids in reproductive age women: current trends. Curr Opin Obstet Gynecol. 2015;27(6):432-7.

Donnez J, Dolmans MM. Uterine fibroid management: the place of medical therapy. Best Pract Res Clin Obstet Gynaecol. 2018;46:57-65.

Lumsden MA, Hamoodi I, Gupta J, Hickey M. Fibroids: diagnosis and management. BMJ. 2015;351:h4887.

Khan KN, Kitajima M, Hiraki K, et al. Immunopathogenesis of uterine fibroids. Reprod Med Biol. 2014;13(4):185-94.

Carranza-Mamani P, Zapata-Gonzalez J, et al. Hysteroscopic treatment of submucous fibroids: Peruvian experience. Rev Peru Ginecol Obstet. 2017;63(2):123-9.

Vitale SG, Laganà AS, Noventa G, et al. Hysteroscopic myomectomy: techniques and outcomes. Gynecol Surg. 2018;15(1):1-7.

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