

Benign lesions of the female genital tract

Benign Tumours Of Genital Tract

- Fibroids
- Endometrial polyps
- Cervical polyps

Objectives: To describe

- Types of benign tumors
- Aetiology, pathology of fibroids
- Clinical features of fibroids
- Investigations in a patient with fibroids
- Treatment of fibroids
- Complications of fibroids
- Management of endometrial and cervical polyps

Benign tumours of uterus

- Tumours composed of myometrial elements
 - leiomyoma
- Tumours/ tumour like conditions of endometrial and myometrial elements
 - Adenomyosis and adenomyoma
- Tumours/ tumour like conditions of endometrial elements
 - Endometrial polyps

Leiomyoma / fibromyoma / fibroids

- Commonest pelvic neoplasm
- 20% of women of reproductive age
- Arise from uterine smooth muscle, with variable amounts of fibrous tissue

Aetiology

- Genetic predisposition
- Age
 - Rare before 20 years,
 - 20 % of women over 20 years
 - 40% of women over 40 years
- Nulliparity

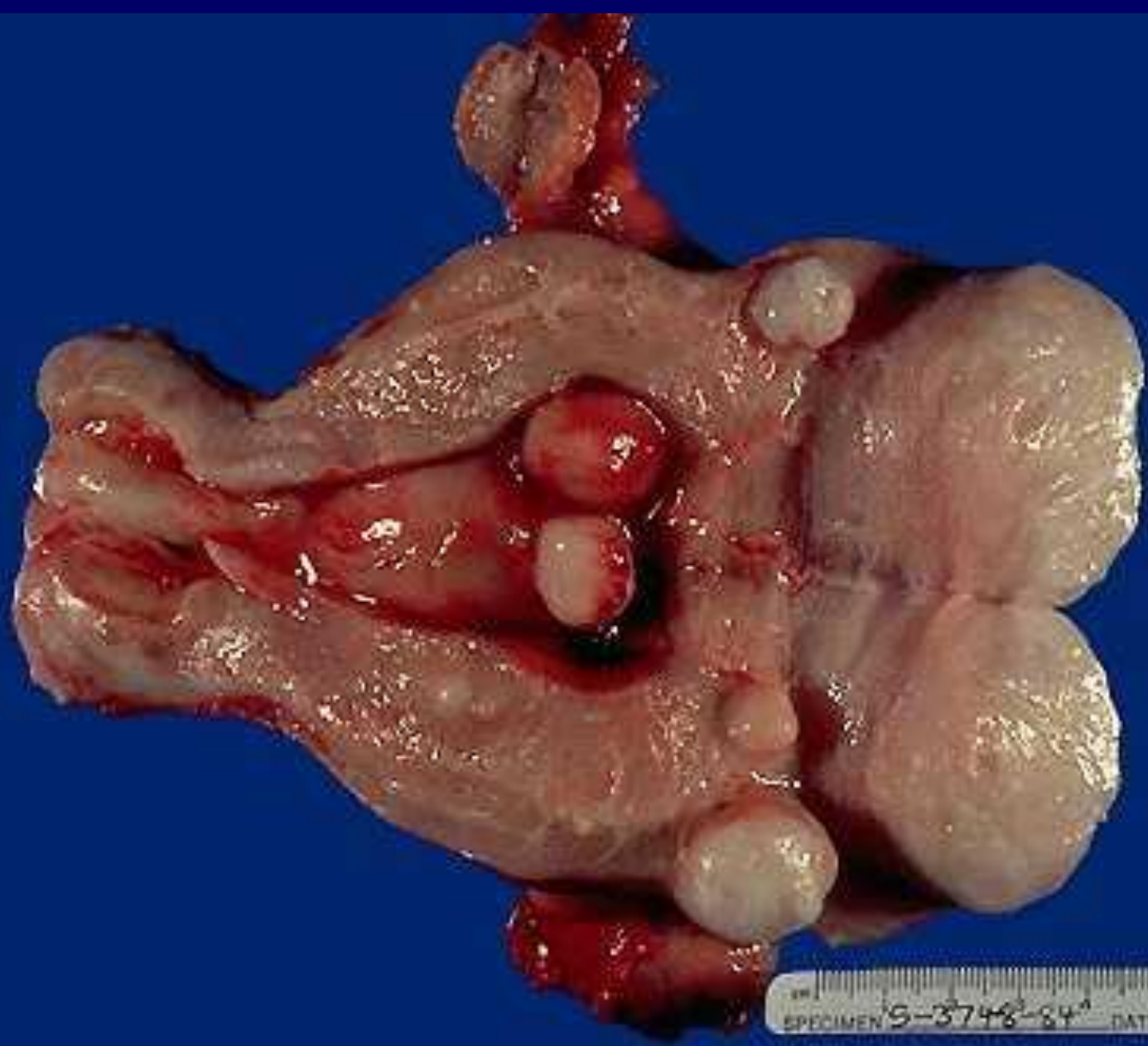
Aetiology .

- Ovarian function
 - Rare in pre -pubertal woman
 - Regresses after menopause
- Obesity
- Family history
- African racial origin

Pathology

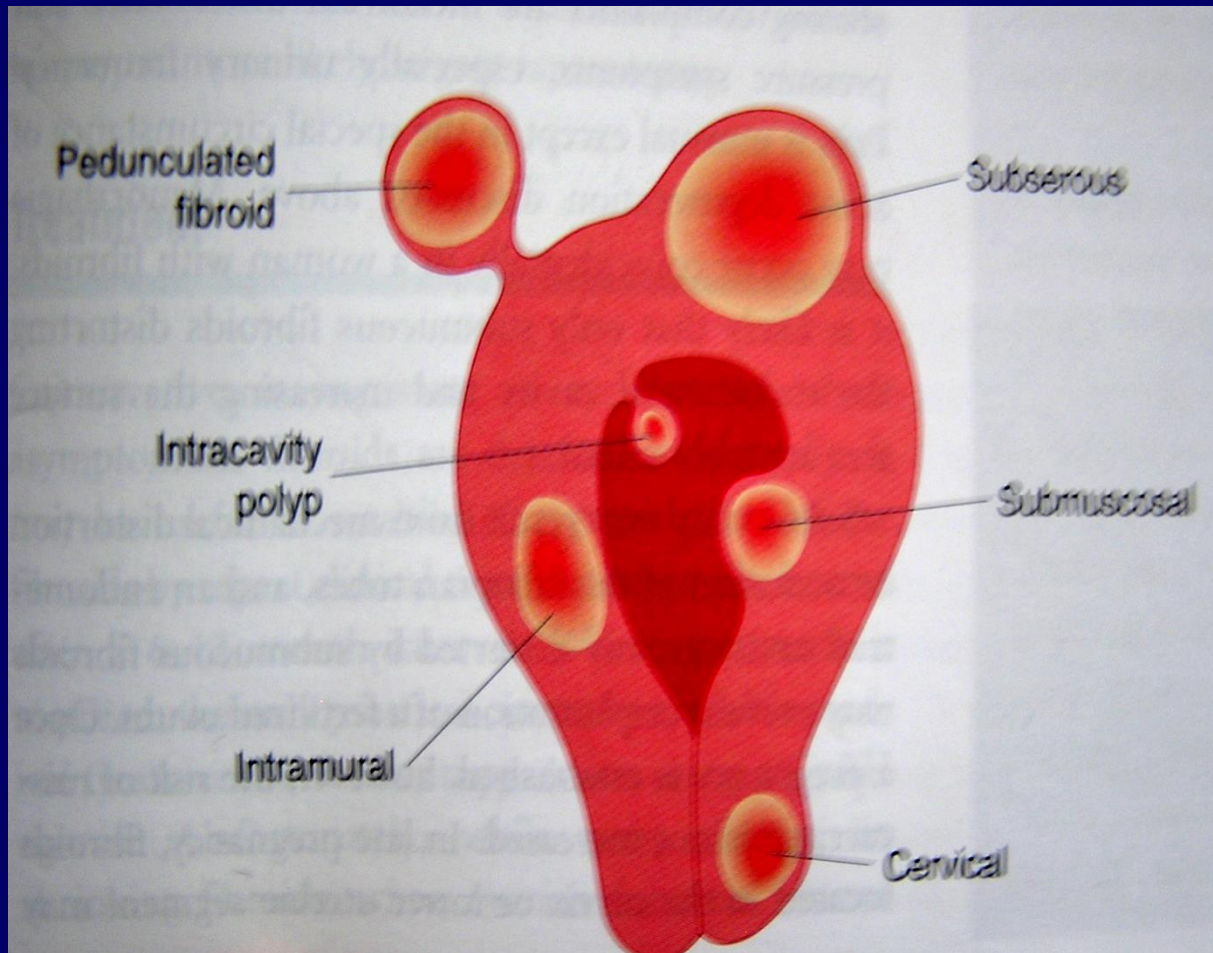
- Macroscopically :
 - Multiple, well defined
 - Spherical, surface can be lobulated
 - pseudo capsule consisting of compressed normal uterine wall
 - Firm to hard
 - Silky glistening cut surface, pale
 - Characteristic whorled appearance
 - Bulges in

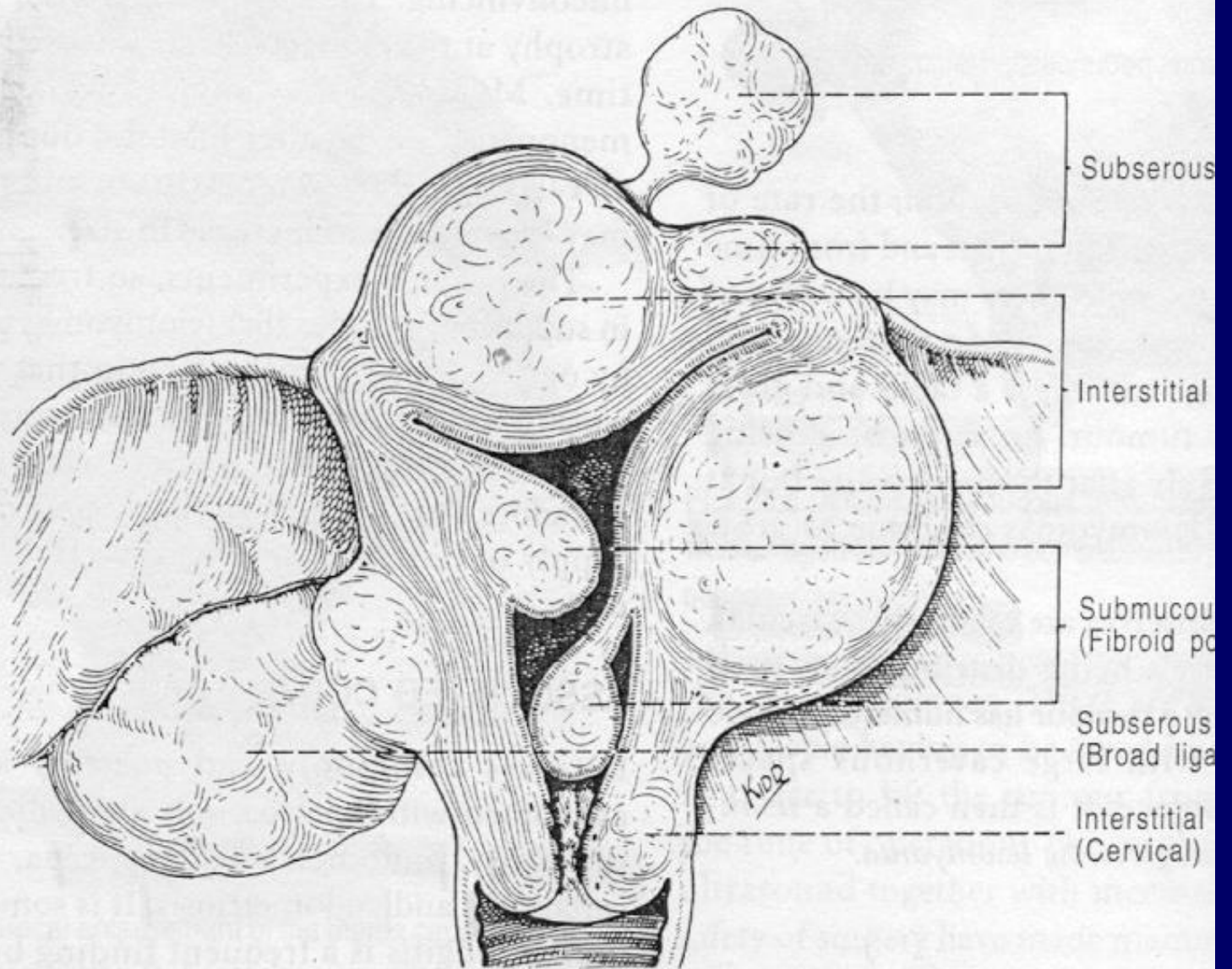




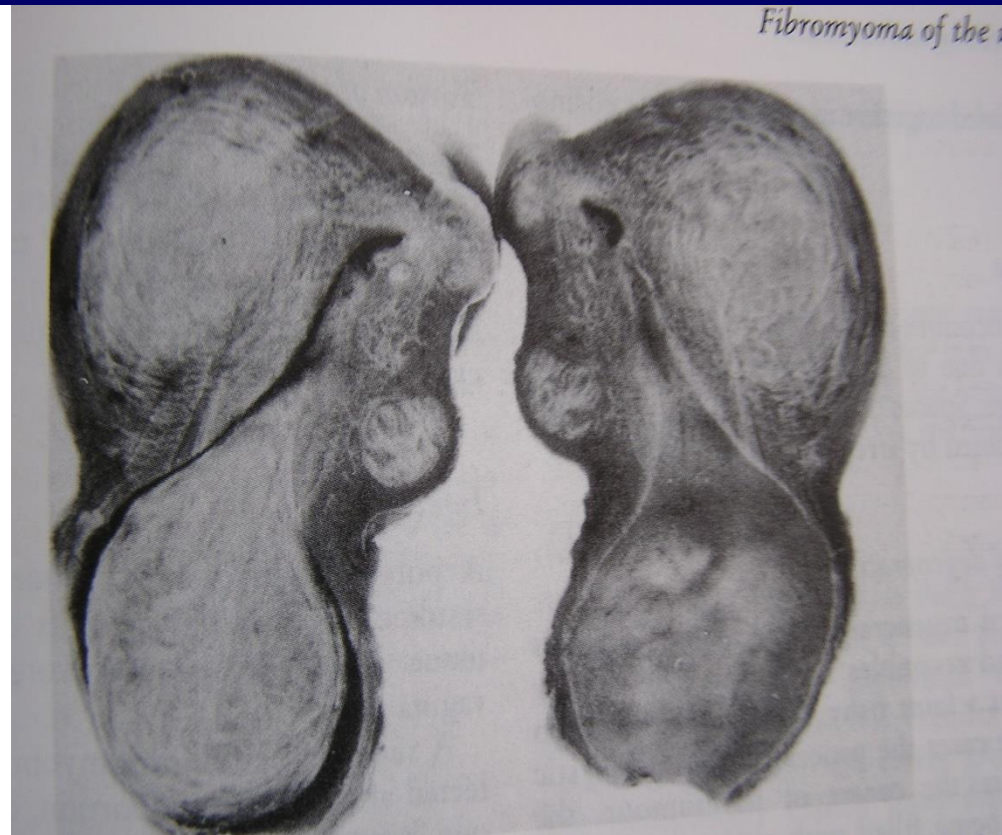
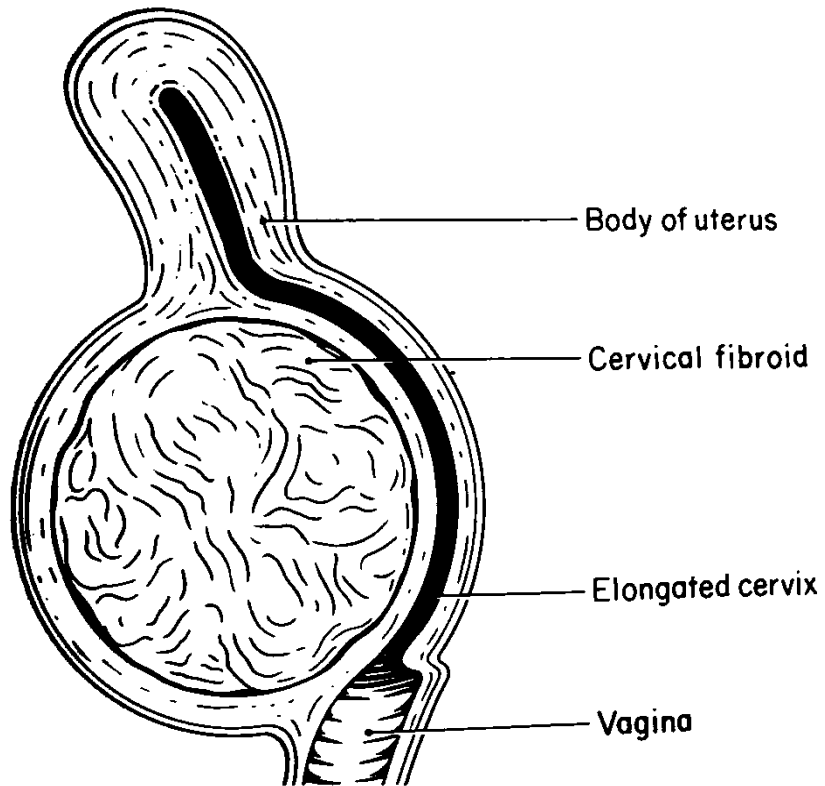
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Sites of fibroids



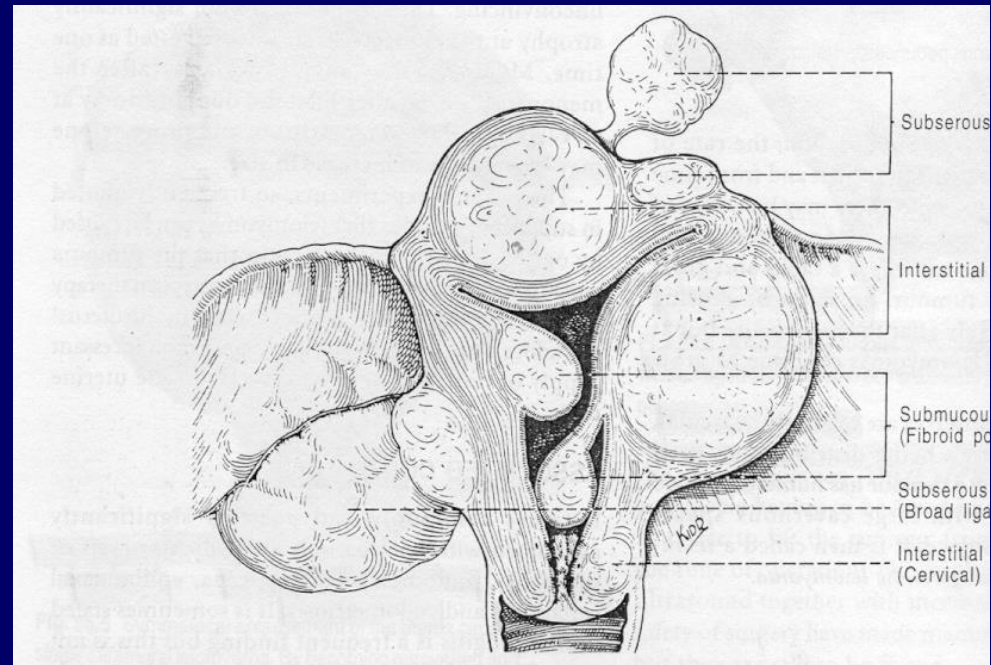


- *Cervical fibroids* – originating from cervix



Symptoms

- Small leiomyomas – asymptomatic
- Nearer the leiomyoma to endometrial cavity – more symptoms



Symptoms

- Generally painless, unless:
 - Undergoing torsion
 - Degenerating
 - Extrusion from the uterus as a polyp
 - Sarcomatous change

Symptoms

1. Menstrual disturbances
2. Pressure symptoms
3. Related to pregnancy
4. Rare effects

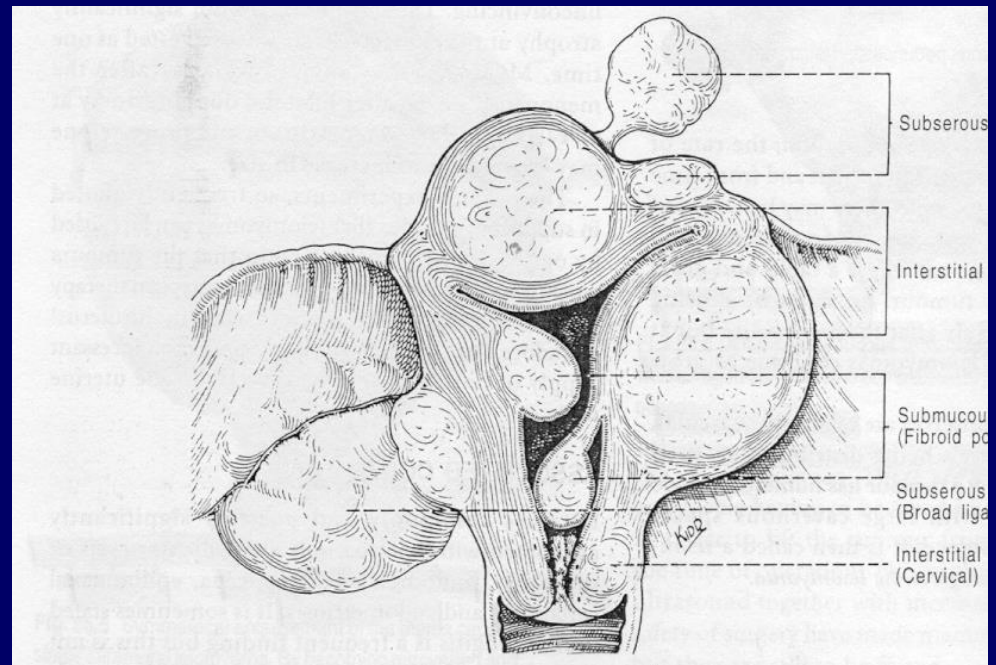
Symptoms

1. Menstrual disturbances

- Menorrhagia
 - Increased size of the cavity
 - Increased vascularity
- Irregular bleeding, discharge
 - Surface ulceration polypoidal fibroid

Symptoms

- Dysmenorrhoea
 - Submucous fibroids stimulating expulsive uterine contractions



Symptoms

2. Pressure symptoms

- Fundus of the Bladder – frequency of micturition
- Cervical fibroids impacted in pouch of Douglas - retention of urine
- Constipation, haemorrhoids,
- Very large - Gastrointestinal symptoms
- Varicose veins – pressure on lateral pelvic wall

Symptoms

3. Related to pregnancy

- Subfertility
 - due to mechanical distortion of cavity / occlusion of fallopian tubes
 - Miscarriage - prevents efficient placentation
- Malpresentations, abnormal lie
- Post-partum haemorrhage due to inefficient uterine contraction

Symptoms

- Effects of pregnancy on fibroids
 - Enlarge in size : due to congestion, odema, and degeneration, (do not grow more rapidly)
 - Degeneration – red degeneration
 - Torsion
 - Infection – post partum

- Rare effects
 - Polycythaemia
 - Hypoglycaemia
 - Read -

Physical sings

- Abdominal examination-
 - Abdominal mass
 - Pelvic mass
 - Dull to percussion
- PV
 - Attached to uterus
 - Broad ligament fibroids – adnexal mass

Investigations

- Ultrasound scan
 - To confirm diagnosis
 - Differentiate from ovarian masses
- Haemoglobin concentration
- If planning for surgery
 - Pre operative investigations
 - Cross match 3.0 of blood

Medical Treatment

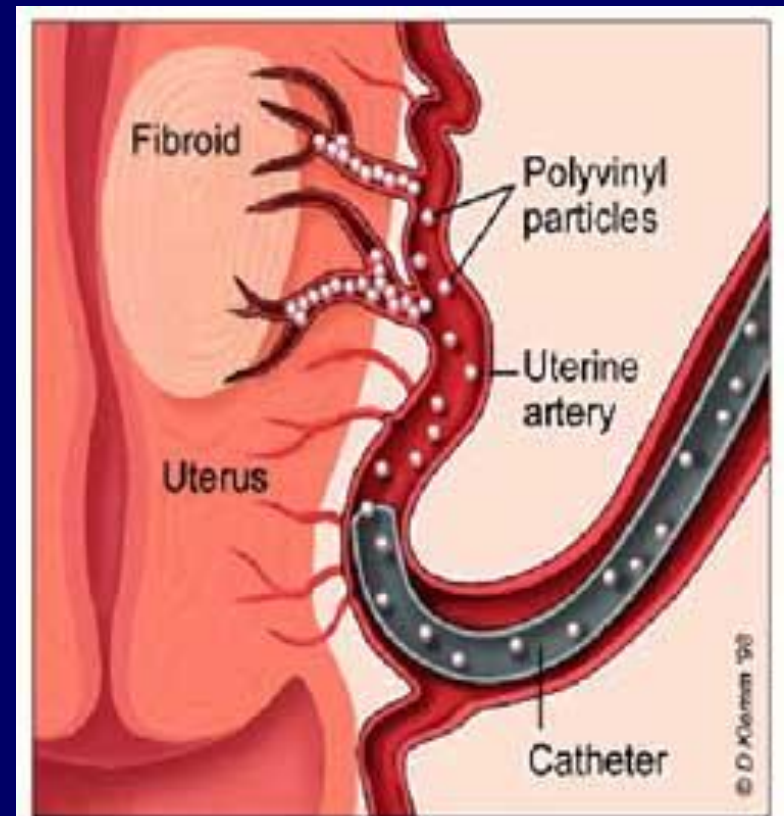
To reduce menorrhagia

- Tranexamic acid
 - Combined oral contraceptives
 - Progestogens
- (will not make the fibroid smaller)

- GnRH agonists
 - Used pre- operatively
 - Reduce the size of the fibroid
 - Minimize bleeding at surgery
- Danazole
 - Reduce the size of the fibroid

Minimal invasive methods

- Uterine artery embolization
- Thrombotic agent is injected to feeder vessels of the fibroid



Surgical Treatment

Determined by the

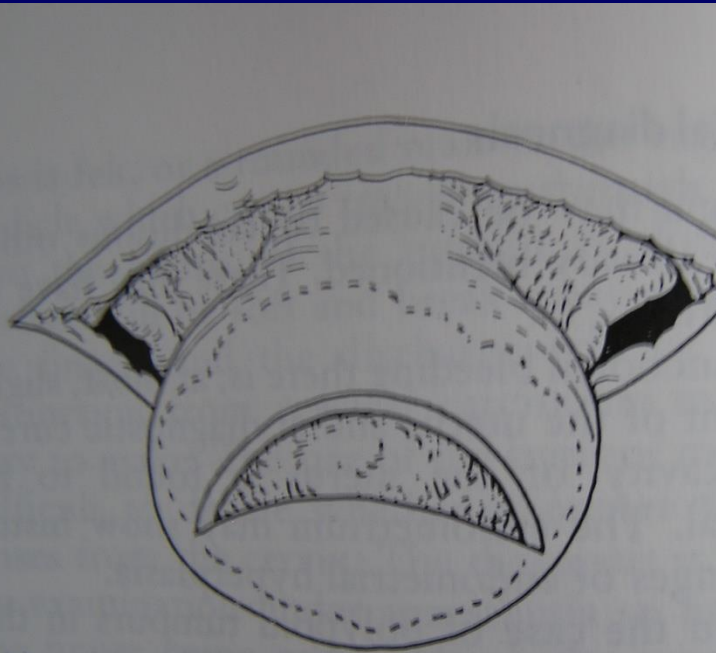
- Patients' wish for fertility
- Size of the fibroid
- Site of the fibroid

- Abdominal
 - Myomectomy – if fertility is needed
 - Open myomectomy
 - Laparoscopic myomectomy
 - Total abdominal hysterectomy

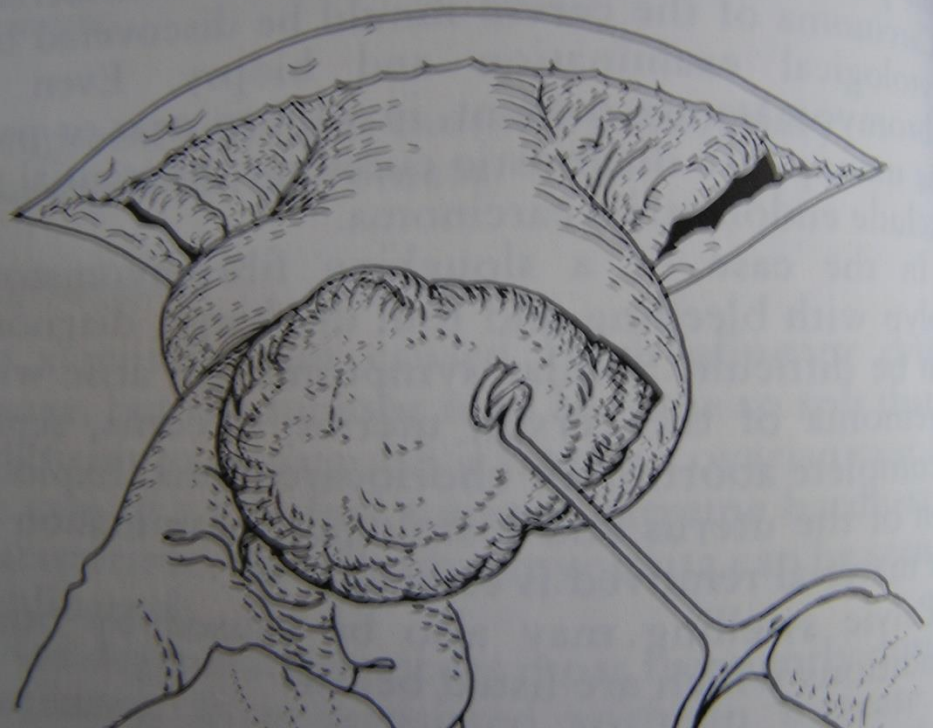
- Vaginal – only submucosal fibroids
 - Polypectomy
 - Hysteroscopic resection of sub-mucosal fibroids



Myomectomy



(a)



Myomecyomy

- Read
 - Pre op preparation for myomectomy
 - Complications of myomectomy

Complications of fibroids

- Malignant changes
 - Associated with .2% of fibroids
 - Recent evidence contradicts
- Degenerations
 - Atrophy
 - Hyaline degeneration
 - Cystic degeneration
 - Fatty degeneration
 - Red degeneration

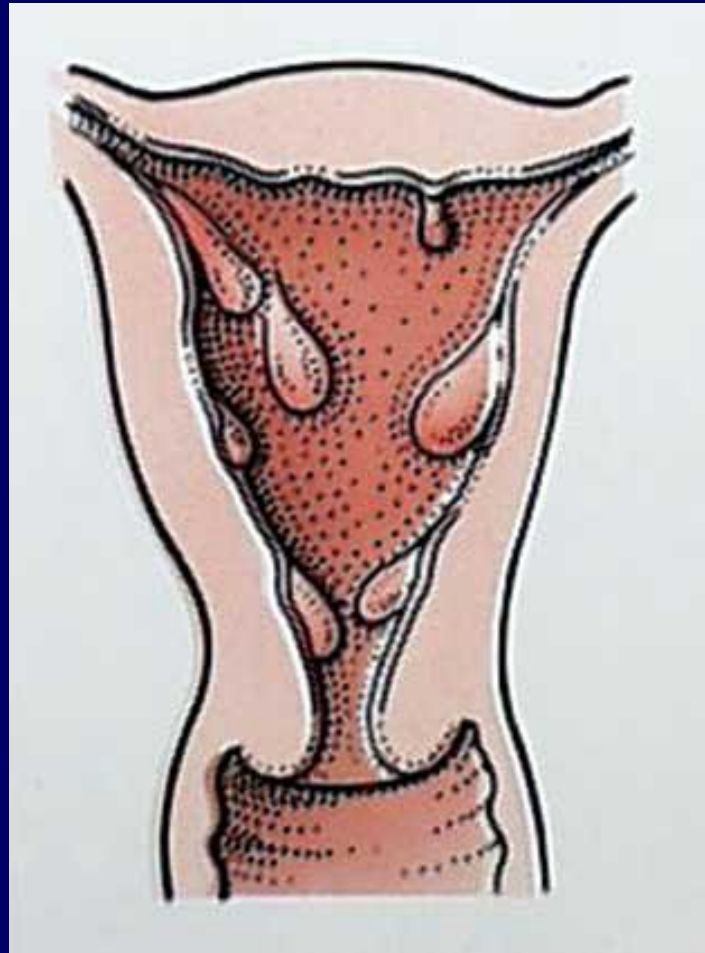
Complications of fibroids

- Torsion of pedunculated fibroids
- Haemorrhage
 - Rupture of large vein on surface
 - uncommon
- Pseudo meigs' syndrome
 - Associated ascites, right sided hydrothorax
- Infections
 - Submucosal fibromyoma

Endometrial polyps

- Outgrowths of endometrium
- Attached to the endometrium with a pedicle
- Represents focal hyperplasia of endometrium
- Common, usually solitary

Endometrial polyps



Endometrial polyps

- Intermenstrual bleeding, menorrhagia, infertility, rarely lower abdominal pain
- May become pedunculated and large

Endometrial polyps

- Occasionally carcinoma may arise
- Diagnosis
 - USS,
 - Saline hysterosonography
 - Hysteroscopy



Endometrial polyps

- Treatment
 - Removal with hysteroscopy
 - Curettage

Cervical polyps

Cervical polyps



As viewed through a speculum



Sagittal view

Cervical polyps

- Endocervical polyps
- symptoms
 - Vaginal discharge
 - Post coital
- Treatment
 - Polypectomy
 - May have an associated endometrial pathology

Thank you