Pregnancy, Fibroids-The Two Entities Together

Savita Chandra*

Goa Medical College and Hospital, India

*Corresponding Author: Savita Chandra, Goa Medical College and Hospital, India.

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Pregnancy with fibroids, and fibroids with pregnancy, apparently are similar terms but need to be differentiated. The former term should imply detection of fibroids for the first time in pregnancy (whether by diagnostic modalities like USG, or palpation, or at caesarean section, while the latter term should imply that fibroids were diagnosed prior to pregnancy. This is important because both the terms have their own implications on the reproductive performance of a woman and in either case their exact prevalence/incidence is not exactly known. (To the best of our knowledge we are first to suggest this differentiation of the two terms but as of now the two terms are used interchangeably).

Given this, and prior to the era of USG the average incidence of pregnancy in association with fibroids was considered less than 1%. Later, consequent to technological advances and routine use of USG, subsequent studies have reported an incidence of 0.09% to 3.9% [1].

Baird et al reported the overall prevalence rates of 10 to 20% [2] while other authors have reported fibroids in pregnancy ranging from 0.1 - 10.7% of all pregnancies [3-5].

A pilot study done in Chicago reported the overall prevalence of 14.9% among asymptomatic young nulliparous women between 18 - 30 years [6].

Besides an apparent increase in the incidence of pregnancy with fibroids due to improved diagnostic modalities, in recent times, there is possibly a true increase in the prevalence of fibroids/fibroids with pregnancy, attributed to the changes in women’s lifestyle, including dietary habits, increasing obesity, alcohol, and delayed childbearing [7,8].

Earlier etiological factors included increasing age, race, lower parity and ethnic factors [9-11].

Another etiological factor that recent evidence suggests is infection/inflammation in the uterus which could lead to myometrial injury through ischemia/irritation and act as a risk factor for fibroids [12].

The impact of each entity, fibroids and pregnancy, on each other is yet not fully understood, nor whether the disease has different variants. Multiple fibroids may be a different variant versus a single fibroid. Also the impact of single/multiple fibroids may differ, as for instance, multiple fibroids may further increase the miscarriage rate versus a single fibroid [13,14].

The location of fibroids is significant for instance subserous fibroids are known to have the least impact on pregnancy and its outcome [15].

Fibroids with pregnancy increase the risk of complications such as abortion, red degeneration, increased rate of caesarean delivery, preterm labor, malpresentation, post-partum hemorrhage, low Apgar score, and fetal limb abnormalities. Complications occur in approximately 10 - 40% of pregnancies in the presence of fibroids [16,17].

The management of fibroids in pregnancy is generally conservative though in specific circumstances surgical intervention/myomectomy during pregnancy and during caesarean section has been done. Currently large randomized controlled studies are lacking for establishing the safety of myomectomy during pregnancy and caesarean section [18-20].

Another recent management modality like uterine artery embolization is too limited in availability and too expensive, to be of much significance in managing postpartum hemorrhage on a broader scale, and is also not recommended in women who desire future fertility.

**Conclusion**

Fibroids have remained enigmatic, their prevalence, origin, behavior and impact in pregnancy inconsistent; their mechanism of causing adverse obstetric outcomes, not yet well understood, nor when diagnosed preconceptually, do we know how fibroids exactly impact fertility. There might be different mechanisms, clinical phenotypes, genetic predisposition, and yet unidentified risk factors, which need larger well controlled studies to elucidate and understand the etiopathogenesis of fibroids/fibroids with pregnancy.

**Bibliography**


