key points

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At least one in four women will develop one or more fibroids during their lifetime. They occur most commonly in women aged 30-50 years and can run in families. They are three times more common in women of Afro-Caribbean descent than in Caucasian women. Risk factors for fibroids include: age, nulliparity, race, family history and obesity. There appears to be a decreased risk in smokers.

Fibroids, also referred to as uterine myomas, fibromyomas or leiomyomas, are benign tumours and can vary in size from that of a pea to larger than a melon. In two-thirds of cases there are no symptoms. If the tumours are small and not causing symptoms, they do not require treatment. However, if they enlarge, they can cause abnormal bleeding, pressure on the bladder and/or bowel and the patient may have difficulty getting pregnant. The exact cause of fibroids is not known. They enlarge when oestrogen levels are high, for example during pregnancy, and shrink when oestrogen levels are low, for example after the menopause.

Fibroids are commonly discovered as an incidental finding on ultrasound but may also present in the following ways: abnormal uterine bleeding and menorrhagia; infertility; pelvic mass; increasing girth; pressure symptoms (urinary frequency and/or constipation); urinary retention; acute pelvic pain due to torsion of a pedunculated fibroid. During pregnancy, fibroids enlarge and may undergo red degeneration causing pain. Significant submucous fibroids are also thought to interfere with fertility and implantation.

Fibroids can occur anywhere in the uterus and are classified according to their location: submucous - either partly or wholly within the endometrial cavity; intramural - in the muscle within the myometrium; subserous - partly within the myometrium and projecting into the pelvis; and pedunculated - attached to the uterus by a narrow stalk.

There is currently no proven medical treatment to cure fibroids. Medication can only be used to improve symptoms and/or shrink the fibroids prior to surgery. Women with fibroids >3 cm in diameter causing significant symptoms, pain or pressure and wishing to retain their uterus may consider myomectomy. Hysterectomy is the standard treatment for women with symptomatic fibroids who have not improved with medical treatment. If the woman's family is complete and the fibroids are multiple, hysterectomy provides a permanent cure. Uterine artery embolisation is only recommended if surgery was planned for symptomatic fibroids and if the fibroids are <20 weeks in size.

Referral is recommended in the following cases: submucous fibroid and abnormal bleeding; fibroids >3 cm in diameter; uterus palpable abdominally or >12 cm in size on scan; persistent intermenstrual bleeding; age >45 where treatment has failed or been ineffective. Sarcomatous change within fibroids is rare and is normally associated with rapid growth. Such cases should be referred urgently.