key points

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Fibroids are benign, hormone-dependent tumours of uterine smooth muscle and connective tissue. They are commonly asymptomatic, but can cause symptoms such as heavy menstrual bleeding and pelvic pressure symptoms. Between 20 to 30% of women with heavy menstrual bleeding have fibroids. Fibroids are most prevalent in women aged 30-50 years and there may be a genetic predisposition. They are more common in black women than white women. Other risk factors include obesity and nulliparity.

Asymptomatic women should only be referred if their uterus is palpable abdominally, if fibroids distort the uterine cavity or the uterus is larger than 12 cm in length. Symptomatic women should be referred when heavy menstrual bleeding has not responded to medical treatment, if large fibroids are causing pressure symptoms or when fibroids are associated with fertility or obstetric problems.

Malignant change (leiomyosarcoma) is rare in premenopausal women. Fast track referral is indicated for: women with rapid onset and progressive symptoms or rapidly enlarging fibroids, as these symptoms are suspicious of leiomyosarcoma; postmenopausal women presenting with enlarging fibroids or vaginal bleeding; and women with fibroids with any other features of cancer e.g. abnormal bleeding or weight loss.

NICE recommends the levonorgestrel intrauterine system (LNG/IUS) as first-line pharmacological treatment for women with fibroids < 3 cm in diameter and heavy menstrual bleeding, but there is conflicting evidence regarding change in uterine fibroid volume and expulsion rates. An LNG/IUS can be fitted in a woman with fibroids, provided that there is a way in through the cervix and that the cavity length does not exceed 11 cm. NICE also recommends the use of tranexamic acid, or NSAIDs, for women with heavy menstrual bleeding and fibroids < 3 cm in diameter.

Radiological and surgical treatments include uterine artery embolisation, MRI-guided high frequency focused ultrasound, endometrial ablation, myomectomy and hysterectomy.